



furniture solutions for working environments

### Furniture Repair/Warranty Form

Company furniture sold to: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Onsite Contact for repairs: \_\_\_\_\_ Site Address for repairs: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Original Invoice Number: \_\_\_\_\_ Original Install Date: \_\_\_\_\_

Furniture Manufacturer: \_\_\_\_\_

Product to be repaired: \_\_\_\_\_

Original Delivery/Install:  Installation provided by Facility Planners  
 Furniture drop shipped to customer

Original Installation/Drop Ship Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product Code/Model Number (typically found on ticket underneath or inside product) \_\_\_\_\_

For Seating - Serial Number of each Chair: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Damages/Repairs: \_\_\_\_\_

How did damage occur?: \_\_\_\_\_  
\_\_\_\_\_

Picture(s) attached:  Yes  No

Warranty form must be completed in its entirety and accompanied by a photo of product damage before Facility Planners can process this claim.  
If you would like someone from Facility Planners to come out and evaluate the damage, there will be an \$55 per hour per man charge and a trip charge of \$30.00.  
By submitting this form, \_\_\_\_\_, acknowledges not all manufactures will warrant product and/or labor and I/we will be notified of any charges prior to any work being done.

*"Because We Care"*