

Planet Lift Chairs Warranty Claim Form



Date: _____

Client/Contact Information

Name: _____ Phone: _____
Address: _____ Email Address: _____
City/Region: _____ Type of Use: Residential
Postal Code: _____ Institutional
 Rental

Purchase Information

Date of Purchase: _____
Dealer Name: _____
Dealer Location: _____

Lift Chair Information

Model: _____ Model #: _____
Upholstery Colour: _____ Serial Number: _____

Description of Problem

Please provide as detailed description of the problem as possible and send to HPU Medical Wholesale

HPU Medical Wholesale
Unit 15, 34 Futurity Gate
Vaughan, Ontario L4K 1S6

Phone: 888-634-5808
Fax: 416-739-7171
Email: info@hpurehab.com