

# Service Request Form

Please fill out this form and email to [service@ergocentric.com](mailto:service@ergocentric.com) or press the send button at the bottom of this form at the to request service on your ergoCentric chair.

## Location information

|               |                      |                            |                      |
|---------------|----------------------|----------------------------|----------------------|
| CONTACT NAME: | <input type="text"/> | DATE:                      | <input type="text"/> |
| COMPANY:      | <input type="text"/> | DEPARTMENT/SUITE/CUBE NO.: | <input type="text"/> |
| ADDRESS:      | <input type="text"/> |                            |                      |
| CITY:         | <input type="text"/> | PROVINCE / STATE:          | <input type="text"/> |
|               |                      | POSTAL/ZIP CODE:           | <input type="text"/> |
| PHONE:        | <input type="text"/> | EMAIL:                     | <input type="text"/> |

## Chair information

ergoCentric  
SEATING SYSTEMS  
1-866-438-3746  
Serial# 365879

Every ergoCentric chair is assigned a serial number. The serial number is saved in our database with all of the specifications and information pertaining to your chair. The serial number looks like the image to the left and can be found under the seat pan of your chair on the mechanism

SERIAL NUMBER:  SERVICE TECHNICIAN REQUIRED:  YES  NO

DESCRIPTION OF ISSUE: *Pictures of your chair issue should be submitted with this form if applicable.*

**SEND NOW**

If there are any questions or concerns contact [service@ergocentric.com](mailto:service@ergocentric.com)