

WARI	RANTABLE ITEN	/I CLAIM FORM.	DATE:/_	/20	
CUSTOMER INFOR	RMATION:				
NAME:					
	(LAST)	(FIRST)	(M.I.)		
TELEPHONE:		EMAIL:			
ADDRESS:					
	(Street)			(Unit #)	
	(City	·/)	(State)		(Zip)
PRODUCT INFORM	MATION:				
SELECT WARRANT	ABLE ITEM:				
CELL PAD/BLADDE CUSHION COVER (		nased after July 2018) 🗆	1		
SELECT MODEL: CRUISER R LARGE	☐ CRUISER R SMA	ALL DUALSPORT			
CRUISER MEDIUM	☐ CRUISER SMA	LL CRUISER PILLION	N 🗖		
DESCRIBE CONCER	RN:				

## TO COMPLETE WARRANTY CLAIM:

Email this form, along with either PROOF OF PURCHASE or DATE OF MANUFACTURE to Support@AirHawk.net If approved, you are required to ship your warrantable item to the following address within two (2) weeks of approval:

AIRHAWK® Warranty Department RE: Warrantable Item Request 1225 E Glenwood Pl. Santa Ana, CA 92707