

KAB // Seating

OFFICE SEATING WARRANTY REGISTRATION CARD

Your Name: _____

Business Name: _____

Address: _____

Date of Purchase (on invoice): _____

Serial Number (under seat): _____

Is the seat being used for 24
hour shiftwork applications? _____

What is the weight of your
heaviest user? _____

Please post this card to:

Attention: Quality Controller
KAB Seating Pty Ltd
Unit 2/29-41 Lysaght Street
Acacia Ridge, QLD 4110

A copy of our KAB Office Seating warranty policy can be
downloaded from www.kabseating.com.au/files/warrantypolicy.pdf