



INNOMAX WARRANTY CLAIM FORM

Please fill out the information below in order to begin processing your warranty claim. Submit either by mail or fax machine. Also please include any reference pictures (if necessary), of your warrantable product in order to help expedite your warranty claim.

Questions / Contact:
Warranty Claims Department Phone: 720-241-0648 Email: sleep@innomax.com Hours: 9am - 5pm (MT) Mon-Fri.

Mailing Option / Mail To:
Warranty Services Attn: Warranty Claims Department 4785 Elati St., Unit 2 Denver, CO 80216

Fax Option / Fax To:
Warranty Services Attn: Warranty Claims Department Fax Number: 303-292-5846

PERSONAL INFORMATION

- 1. Name: _____
- 2. Address: _____ City: _____ State: _____ Zip: _____
- 3. Phone Number: _____ Best Time To Contact: _____
- 5. Email Address: _____

PRODUCT INFORMATION (#1-3 Located On Law Tag At Head Of Bed)

- 1. Name/Model: _____
- 2. Size: _____
- 3. Date of Mfg: _____
- 4. Support (ie: Air, Fluid etc): _____
- 5. Date Purchased: _____
- 6. Invoice/Receipt # : _____

STORE INFORMATION

- 1. Internet Purchase: YES NO
- 2. Website/URL: _____
- 3. Store Purchased: _____
- 4. Address: _____
- 5. City/State/Zip : _____

I AM SUBMITTING A CLAIM BECAUSE:

Note: A Warranty Claims Rep. will be in contact, once this info. is received. (Unless product has already been deemed warrantable.)