

DRALYS PLATFORM

Customer / Rider Information Form

General customer, account, shopping-support, accessibility or future mobility inquiry.

PRIVACY & SECURITY

Do not enter passwords, payment-card data, Social Security numbers, medical records or other highly sensitive information. Use this form only for general support and inquiry details.

1. Contact information

Full name**Email address****Phone (optional)****City / State / Country**

2. Inquiry details

What do you need help with? (order, account, accessibility, Dralys Drive, other)

Order / reference number (if applicable)**Preferred language****Describe your question or request****Accessibility or communication needs (optional)**

☐ I agree Dralys may contact me regarding this inquiry.

OPTIONAL DETAILS

Help us route your request efficiently

Complete only the sections that are relevant to your inquiry.

Shopping / order support

Product or order name (optional)

Order status shown (optional)

What outcome would be most helpful?

Future mobility / rider inquiry

Service area of interest

Preferred contact method

Additional context

RETURN OPTIONS

Upload the completed PDF at platform.dralysstore.com/return-a-form/ or use the matching online form in the Resources & Downloads center. Shopping-order questions may also be directed to dralysstore.com/contact/.