

## **Chairmat Warranty Claim Form**

## **Warranty Claim Requirements:**

| Completed Warranty Claim Form                                      |
|--|
| Proof of Purchase (Sales Receipt Copy OR Chairmat Label)           |
| Attach digital photo of cracked area and the cleat side of the mat |

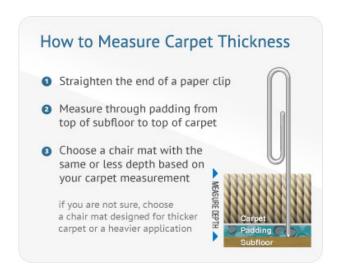
All customer claims will be reviewed upon receipt. Please allow 3-4 weeks for processing.

E-mail claims or questions to: warranty@esrobbins.com

OR

Mail all requirements to:

ES Robbins Office Products ATTN: Warranty Claim 2802 East Avalon Avenue Muscle Shoals, AL 35661



## All fields below must be completed.

| Warranty Claim Form         |                |                  |             |                        |      |      |      |           |         |  |
|-----------------------------|----------------|------------------|-------------|------------------------|------|------|------|-----------|---------|--|
| Date:                       |                |                  |             |                        |      |      |      |           |         |  |
| Customer Name:              |                |                  |             |                        |      |      |      |           |         |  |
| Street Address:             |                |                  |             |                        |      |      |      |           |         |  |
| City:                       |                |                  | State:      | State:                 |      |      | Zip: |           |         |  |
| Daytime Phone Number:       |                |                  | Email:      |                        |      |      |      |           |         |  |
| Product Number / UPC Cod    | de:            |                  |             |                        |      |      |      |           |         |  |
| <b>Product Information:</b> |                |                  |             |                        |      |      |      |           |         |  |
| Mat Size:                   |                |                  |             |                        |      |      |      |           |         |  |
| Mat Type(check one):        | Carpet         | Hardfloor        | Mat Shap    | Mat Shape (check one): |      | Lip  |      | Rectangle |         |  |
| Carpet Thickness (including | g pad) round i | up to nearest me | easurement: | 1/8"                   | 1/4" | 3/8" | 3/4" | 1"        | Over 1" |  |
| Date of Original Purchase:  |                | ·                |             |                        |      |      |      |           |         |  |
| Electronic Customer Signat  | ture:          |                  |             |                        |      |      |      |           |         |  |