

Chairmat Warranty Claim Form

Warranty Claim Requirements:

- _____ Completed Warranty Claim Form
- _____ Proof of Purchase (Sales Receipt Copy <u>OR</u> 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.

How to Measure Carpet Thickness E-mail claims or questions to: Straighten the end of a paper clip warranty@esrobbins.com 2 Measure through padding from OR top of subfloor to top of carpet Mail all requirements to: Ochoose a chair mat with the **ES Robbins Office Products** same or less depth based on ATTN: Warranty Claim your carpet measurement 2802 East Avalon Avenue MEASURE Muscle Shoals, AL 35661 if you are not sure, choose DEPTH a chair mat designed for thicker carpet or a heavier application Warranty is only good in

All fields below must be completed.

the continental United States and Canada.

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