

# WARRANTY POLICY

## ANTI-FATIGUE MAT LIMITED FIVE (5) YEAR PRODUCT REPLACEMENT WARRANTY

**Warranty** – Deflecto, LLC (“Deflecto”) warrants its anti-fatigue mat to be free from defects in workmanship and materials at the time of shipment to the original purchaser and/or date of original purchase. Should the molded beveled edges curl or show damage under normal usage and proper application, we will replace the anti-fatigue mat or refund the purchase price at our discretion, upon proof of purchase for as long as you own the mat. This limited warranty does not include shipping charges and processing charges to and from the factory and/or distribution facility. Product replacement or refund of purchase price are the sole remedies provided under this limited warranty.

Deflecto is not responsible for consumer abuse, misuse, or mishandling of the product. These anti-fatigue mats will not be covered under warranty guaranteed against puncture by, or any other similar sharp object. This limited warranty does not cover damage arising from negligence, improper use or application, fire, house pets, wet mopping, excessive dryness, excessive exposure to moisture, sand, dust, dirt and/or other sharp or abrasive objects, punctures by shoes with stilettos or spike heels, and or furniture.

Deflecto recommends this mat be stored or inventoried flat. If the mat is rolled and boxed it should only be done so for a short period of time. Please roll the mat with the top surface to the outside – failure to roll the mat correctly may result in damage of the mat and may void the warranty.

THIS LIMITED WARRANTY EXCLUDES AND WILL NOT PAY CONSEQUENTIAL OR INCIDENTAL DAMAGES ASSOCIATED WITH ANY WARRANTY CLAIM. PRODUCT REPLACEMENT OR REFUND OF THE COST OF THE CHAIRMAT ARE THE SOLE REMEDIES. NO DISTRIBUTOR, RETAILER, SALES REPRESENTATIVE, AGENT OR EMPLOYEE ASSOCIATED WITH DEFLECTO, DIRECTLY OR INDIRECTLY, MAY IN ANY WAY ALTER OR INCREASE THE WRITTEN TERMS, CONDITIONS, EXCLUSIONS OR LIMITATIONS OF THIS WARRANTY.

This limited warranty gives you specific legal rights, and you may also have other rights which vary from state to state. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

If you wish to file a claim under warranty please complete and submit the warranty claim form included. The claim form must be completed and it, along with a purchase receipt or invoice can be sent via e-mail, mail, and/or fax to one of the following:

FAX: 1-877-333-5351

E-MAIL: [customerservice@deflecto.com](mailto:customerservice@deflecto.com)

Deflecto, LLC Attn: Anti-Fatigue Warranty Claim Form 7035 East 86 <sup>th</sup> Street Indianapolis, IN 46250
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Deflecto reserves the right to inspect the returned goods for evidence of misuse within 30 days prior to issuing any replacement or refund of the anti-fatigue mat. Refusal to provide such an opportunity for inspection will void the limited warranty.

# WARRANTY CLAIM FORM

## ANTI-FATIGUE MAT

Form and proof of purchase must be completed and submitted in order for claim to be processed.

Instructions:

1. Complete Form
2. Include a **COPY** of the purchase receipt or invoice (must show when and where purchased, along with purchase price)
3. The claim form must be completed and it, along with a purchase receipt or invoice can be sent via e-mail, mail, and/or fax to one of the following:

FAX: 1-877-333-5351

E-MAIL: [customerservice@deflecto.com](mailto:customerservice@deflecto.com)

Deflecto, LLC Attn: Anti-Fatigue Warranty Claim Form 7035 East 86 <sup>th</sup> Street Indianapolis, IN 46250
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Customer Information:

Name: \_\_\_\_\_

Address (**NO P.O. BOX** addresses accepted): \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ Email address: \_\_\_\_\_

Product Number or UPC Code (if available): \_\_\_\_\_

Mat Size: \_\_\_\_\_ Mat Shape: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_

Number of Warranted Mats: \_\_\_\_\_

Original Purchase Date: \_\_\_\_\_

Warranty replacements or returns will be shipped to the above address. Turn-around processing requires 4 weeks after receipt and approval of claim.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Office Use Only) Invoice #: \_\_\_\_\_