



## CHAIRMAT WARRANTY CLAIM FORM

### Warranty Process

To assist in processing the claim, please mail the following to the address below or fax to: 1-877-333-5351

- Proof of Purchase: **Required** - purchase receipt showing when and where purchased and price (copy of receipt is acceptable) or invoice
- Return of this form by completing the information requested below

Deflecto, LLC  
Attn: Chairmat Warranty Claim Form  
7035 East 86<sup>th</sup> Street  
Indianapolis, IN 46250

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Size & Shape of Mat: \_\_\_\_\_

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

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

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

(Office Use Only) Invoice No. \_\_\_\_\_

Replacement mats will arrive approximately 4 weeks after receipt and approval of claim form.