

# WARRANTY POLICY

## CHAIRMAT LIMITED LIFETIME PRODUCT REPLACEMENT WARRANTY

**Warranty** – Deflecto, LLC (“Deflecto”) warrants its chairmats 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 a Deflecto chairmat break or crack under normal usage and proper application, we will replace the chairmat or refund the purchase price at our discretion, upon proof of purchase for as long as you own the chairmat. Product replacement or refund of purchase price are the sole remedies provided under this limited warranty.

Deflecto is not responsible for consumer misuse of the product.

This limited warranty does not include shipping charges to and from factory. The use of the chairmat in conjunction with a chair having metal chair casters, hard chair casters meant for carpeted surfaces or casters with surface contact of less than one-half inch in width are not covered under this limited warranty. This limited warranty does not cover damage arising from negligence, fire, house pets, wet mopping, excessive dryness, excessive exposure to moisture, sand, dust, dirt and/or other sharp or abrasive objects or furniture.

Deflecto does not recommend use on unclean or concrete surfaces, use on newly-installed/newly- varnished or painted flooring, or use on custom flooring without checking with floor manufacturer and/or treatment specialist prior to use.

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: Chairmat 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 chairmat. Refusal to provide such an opportunity for inspection will void the limited warranty.

# WARRANTY CLAIM FORM

## CHAIRMAT

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: Chairmat 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): \_\_\_\_\_

Chairmat Size: \_\_\_\_\_ Chairmat 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 #: \_\_\_\_\_