



Warranty Claim Procedure and Requirements

At ES Robbins, we are constantly working to improve the quality and lifespan of our products. To aid us in this effort, we ask that you return a small section of your damaged chairmat to us for evaluation and testing when submitting a warranty claim.

ES Robbins' No-Crack chairmats are guaranteed free from defects in material and workmanship at the time of sale to original purchaser and will not crack, chip, break or shatter under normal use. Warranty is void with use of metal casters and does not cover variations in mat color. Please refer to our website (esrchairmats.com) for complete warranty details.

ES Robbins will replace a defective chairmat with a like or similar product upon completion of the warranty process. *Please note any missing or incomplete information will delay the claim process.*

Warranty Claim Requirements:

- ___ Completed Warranty Claim Form
- ___ Proof of Purchase: invoice, packing slip, receipt or chairmat label
- ___ 6"x 6" piece from the damaged area of the chairmat

Mail pre-paid to:
 ES Robbins Office Products
 ATTN: Warranty Claim
 2802 East Avalon Avenue
 Muscle Shoals, AL 35661

All customer claims will be reviewed promptly. We will contact you by email or phone if we need additional information, so please be sure to provide current contact information. Once approved, your mat will be replaced at no cost. In some cases it may be determined that a higher-grade chairmat is required for your application. If so, your mat may be upgraded for a nominal fee and the replacement mat will carry a new warranty. **Return shipping and handling charges may apply on select warranty claims.** Replacement mats will arrive approximately 3 weeks after approval of claim.

The foregoing is in lieu of all other warranties expressed, implied and statutory. In no event shall ES Robbins Office Products be liable for any special or consequential damage or any delay in performance under this guarantee.

PLEASE PRINT THIS FORM, FILL OUT COMPLETELY AND MAIL TO THE ADDRESS ABOVE.

WARRANTY CLAIM FORM

Customer Name:		Date:	
Street Address:			
City:	State:	Zip:	
Daytime Phone Number:	Fax:		
Email:			
Product Number / UPC Code:			
Product Information:			
Mat Size:	Mat Type (carpet or hardfloor):		
Edge type (straight or beveled):	Mat Shape (lip or rectangle):		
Carpet Thickness (including padding):			
Reason for Replacement:			
Place of Original Purchase:			
Date of Original Purchase:			
Customer Signature:			

Please contact customer service at (800)633-3325 or (256)248-2554 with questions.