

Please complete the warranty claim form. You will need to supply us with an approximate date of purchase, the product code from your purchase & the location you purchased the product from.

CONTACT INFORMATION / PRODUCT PURCHASE INFORMATION:	
Name:	
Company:	
Address:	
City:	
State:	
Zip:	
Daytime Phone:	
Fax:	
Email:	
Date of Purchase:	
Product Code:	
Place of Purchase:	

REASON FOR CLAIM:

CLAIM CHECK LIST:	
1) Did you purchase this product as new or used?	NEW <input type="checkbox"/> USED <input type="checkbox"/>
2) Have you made a previous claim on this product?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES - What year was the claim made?	YEAR OF PREVIOUS CLAIM <input type="text"/>
3) Send Images of the product damage / defect. PLEASE INCLUDE: - Damaged area of product - Image of the whole product - Flooring and location of the mat when it was in use	<input type="checkbox"/> Please check to indicate images sent with form
4) Send a copy of your purchase receipt.	<input type="checkbox"/> Please check to indicate receipt sent with form

PLEASE COMPLETE FORM AND SEND TO::
customerservice@floortexLLC.com
OR FAX TO:
615 225 9801

Shipping charges will apply to most warranty replacements. Upon approval of your claim, a Customer Service representative will contact you to arrange payment of shipping charges.

