


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:	

CHAIRMAT	
SIZE OF CHAIRMAT :	SHAPE, APPLICATION & MATERIAL OF CHAIRMAT :
30" x 47" <input type="checkbox"/> 38" x 39"	PVC: <input type="checkbox"/> 9 Sided:
35" x 47" <input type="checkbox"/>	Polycarbonate: <input type="checkbox"/>
36" x 48" <input type="checkbox"/>	RPET: <input type="checkbox"/>
48" x 48" <input type="checkbox"/>	Enhanced Polymer: <input type="checkbox"/>
39" x 49" <input type="checkbox"/>	Low Pile Carpet: <input type="checkbox"/>
45" x 53" <input type="checkbox"/>	Standard Pile Carpet: <input type="checkbox"/>
48" x 53" <input type="checkbox"/>	Medium Pile Carpet: <input type="checkbox"/>
46" x 60" <input type="checkbox"/>	Plush Pile Carpet: <input type="checkbox"/>
48" x 60" <input type="checkbox"/>	Smooth Hard Floor: <input type="checkbox"/>
48" x 79" <input type="checkbox"/>	Anti-Slip Hard Floor: <input type="checkbox"/>
48" x 118" <input type="checkbox"/>	Lipped: <input type="checkbox"/>
60" x 60" <input type="checkbox"/>	Contoured: <input type="checkbox"/>
60" x 79" <input type="checkbox"/>	Rectangular: <input type="checkbox"/>
60" x 118" <input type="checkbox"/>	Triangular: <input type="checkbox"/>
Other (Specify):	

FLOORTEX PRODUCT REFERENCE NUMBER	
Reason for Replacement (Please check all that apply)	Comments:
Damaged: <input type="checkbox"/>	
Cracked: <input type="checkbox"/>	
Chipped: <input type="checkbox"/>	
Broken: <input type="checkbox"/>	
Shattered: <input type="checkbox"/>	
Other (Specify):	

Desktex : Floortex Model Number:		Reason for Replacement:
Doortex : Floortex Model Number:		Reason for Replacement:
AFS-TEX: Floortex Model Number:		Reason for replacement:

 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.