

## US Warranty Claim Form



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 CHE	CK I IST.	
CLAIIVI CHE	CK LIST.	
1) Did you purch	ase this product as new or used?	NEW USED USED
		VEO - NO -
2) Have you mad	de a previous claim on this product?	YES   NO
If YES - What	year was the claim made?	YEAR OF PREVIOUS CLAIM
II TEO WHAT	you was in siam made.	
1	of the product damage / defect.	
PLEASE INCL - Damaged ar		Please check to indicate images sent with form
	whole product	Trease shock to malacte images sont with form
- Flooring the	mat was placed on (if applicable)	
4) Send a conv	of your purchase receipt.	Please check to indicate receipt sent with form
., cond a copy	5. 358. paronass 1000ipti	1 19400 Shook to indicate recorpt Sent with form
PLEASE COMPLETE FORM AND SEND TO::		
	vice@floortexLLC.com	
OR FAX TO:		
615 225 9		
013 223 7	001	

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.