



## Chairmat Warranty Claim Form

### Warranty Claim Requirements:

- \_\_\_\_\_ Completed Warranty Claim Form
- \_\_\_\_\_ Proof of Purchase (Sales Receipt & Photo or info off warranty Tag on Mat)
- \_\_\_\_\_ Digital photo of cracked area (both top and bottom)

### Warranty Claim Form

#### Customer Information:

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Product Information:

Mat Size: \_\_\_\_\_

Mat Type:	<input type="text"/>	Carpet	<input type="text"/>	Hardfloor
Mat Shape:	<input type="text"/>	Lip	<input type="text"/>	Custom <input type="text"/> Rectangle

Carpet Thickness (including padding): \_\_\_\_\_

Date of Original Purchase: \_\_\_\_\_

Signature: \_\_\_\_\_

*All fields must be completed.*

#### E-mail, Mail, or Fax Claim to:

Bison Mat Co  
Attn: Warranty Claim Form  
11775 95th Ave N  
Maple Grove, MN 55369  
Fax: 877-890-5231  
E-Mail: info@bisonmat.com

Bison Mat Co. reserves the right to require a sample from the chair mat for warranty to inspect for misuse within 30 days prior to issuing a replacement of the chair mat. Refusal to provide such an opportunity for inspection will void the warranty.