

STANLEY

# BOSTITCH®

## WARRANTY CLAIM FORM 1

\*Required

\*Name: \_\_\_\_\_

\*Shipping Address: \_\_\_\_\_

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

\*Contact Phone No.: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Product Type (circle one): **Stapler** **Pencil Sharpener** **Hole Punch** **Other:** \_\_\_\_\_

\*Product Model No. (Model No. is usually located at the bottom of the product e.g. B5000-Black): \_\_\_\_\_

\*Type of Use (circle one): **Home** **Office** **School** **Manufacturing** **Other:** \_\_\_\_\_

\*Purchase Date: \_\_\_\_\_

Product Purchase Location: \_\_\_\_\_

\*Authorization No. : \_\_\_\_\_

(Authorization No. is **required** for all returns that exceed 1 (one) unit. Contact Customer Service at 1-800-343-9329 or customerservice@amaxproducts.com)

\*Description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes I would like to received e-mail alerts on product news, recalls, safety, & other updates from Bostitch®

### WARRANTY CLAIM DIRECTIONS:

Please remember that this warranty covers only damage resulting from defects in material or workmanship; it does not cover conditions or malfunctions resulting from normal wear, neglect, abuse, accident or repairs attempted or made by other than our national repair center or authorized warranty service centers. Driver blades, sharpener cutters, punch heads, cutting discs, etc. are considered normally wearing parts. A safe rule of thumb is that if the product has been in service for a period of time, and you are now starting to notice a decline in performance, it is most likely related to worn cutters, punch heads or the like, and is not covered by the warranty.

**If you have an original dated sales receipt and your return does not exceed 1 (one) unit, please follow these directions:**

Fax, Mail, or E-mail your (1) *original dated sales receipt* **and** (2) this *completed Warranty Claim Form* to us. If completing this form, you do not need to send your product back to us. You only need to fax, mail or e-mail this warranty claim form and a copy of your sales receipt. **Please note, for all returns that exceed 1 (one) unit please refer to the other warranty claim form.**

**Fax No:** 401-884-3760

**E-mail:** customerservice@amaxproducts.com

**Mailing Address:** Amax Inc. - 1575 South County Trail, East Greenwich, RI 02818

(Note: This mailing address is to be used for sending your warranty claim form and receipt. Please do **not** return product to this address.)

**Contact us with questions at:**

**Phone:** 800-343-9329

**E-mail:** customerservice@amaxproducts.com