

BOSTITCH®

Warranty Claim Form #2

Use this form if you do not have an original dated sales receipt or if your return exceeds one (1) unit.

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Product Type: Stapler Hole Punch Sharpener Other: _____

Product Model Number: _____

Usually located at the bottom of the product (e.g. B777-BLK)

Type of Use: Home Office School Manufacturing Other:

Purchase Date: _____ Purchase Location: _____

Authorization Number: _____

Required for all returns that exceed one (1) unit. To acquire, contact customer service at 1-888-359-1760 or customerservice@amaxproducts.com

Description of Problem: _____

Warranty Claim Instructions

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.

1. Fill out the above warranty claim form
2. Package and ship the below items to us at the mailing address listed below
 - Completed warranty claim form #2
 - The item(s) you want to return

Mailing Address:

Amax Inc. c/o Dean Warehouse
745 Jefferson Blvd.
Leviton Bldg. Doors 1-8
Warwick, RI 02886

NOTES:

An authorization number is required for returns that exceed one (1) unit.

If you do have an original sales receipt *and* your return is only one (1) unit, please refer to warranty claim form #1.

**If you have any questions, please contact us at 1-888-359-1760 or
customerservice@amaxproducts.com.**