BOSTITCH

Warranty Claim Form

Name:				
Shipping	g Address:			
City:		State:		Zip Code:
Phone:			Er	mail:
Product	Type: ☐ Stapler	☐ Hole Pu	nch 🗌 Shar	rpener
Qty:		Produc	t Model No.	Usually located at the bottom of the product (e.g. B777-BLK)
Type of	Use: Home	☐ Office	☐ School	☐ Manufacturing ☐ Other:
Purchas	e Date:		Purcha	ase Location:
Description of Problem:				
			Warran	ty Claim Instructions
or malf cente normally notice a	functions resulting for or authorized wa by wearing parts. A sadecline in perform Fill out the above	rom normal we rranty service safe rule of thu nance, it is mos warranty cla	ear, neglect, ab centers. Driver imb is that if the st likely related im form	e resulting from defects in material or workmanship; it does not cover conditions buse, accident or repairs attempted or made by other than our national repair r blades, sharpener cutters, punch heads, cutting discs, etc. are considered ne product has been in service for a period of time, and you are now starting to d to worn cutters, punch heads or the like, and is not covered by the warranty.

☐ Completed warranty claim form

☐ A copy of your original, dated sales receipt

Email

warranty@goodsiq.com

Mailing Address

Amax Inc. DBA Goods iQ 50 Romano Vineyard Way North Kingstown, RI 02852

NOTES:

You do not need to send your product back to us.

If you do not have an original sales receipt or your return exceeds one (1) unit, please contact us at customerservice@goodsiq.com.