

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. - 2850 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

STANLEY

BOSTITCH®

WARRANTY CLAIM FORM 2

*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 do not have an original dated sales receipt or if your return exceeds 1 (one) unit, please follow these directions:

Package and ship the (1) *product* **and** (2) *completed Warranty Claim Form* to the following shipping address. For all returns that exceed 1 (one) unit an Authorization No. is required for the return to be processed.

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

Any product we receive that is not covered by the limited warranty will be returned unrepared, or at our sole discretion, you may receive a written estimate of repair at such cost as established from time to time.

We will evaluate your claim within 4 weeks. If the product is found to be defective, we will repair or replace the item and return it to you. Unfortunately, requests received without all required items cannot be processed.

Contact us with questions at:

Phone: 800-343-9329

E-mail: customerservice@amaxproducts.com

Defining
Quality and Performance
Since 1896™