

UNBREAKABLE WALL FILE (DEF6xxxx/83xxx SERIES) PRODUCT REPLACEMENT WARRANTY

Limited Lifetime Product Replacement Warranty

Deflecto warrants its Unbreakable Wall Files (series DEF6xxxx/83xxx) to be free from defects in workmanship and materials at the time of shipment to the original purchaser. If this product is defective when used for its intended use under normal conditions, Deflecto will replace the product, send a replacement part or issue a refund (at the discretion of Deflecto) when the consumer provides a proof of purchase (either a bill of sale, receipted invoice, along with a full description of the defect, to Deflecto, LLC, Attention: Customer Service (Warranty), 7035 East 86th Street, Indianapolis, IN USA, Toll-Free: (800) 428-4328. Deflecto reserves the right to inspect the returned goods for evidence of misuse prior to issuing any adjustment. NOTWITHSTANDING THE FOREGOING, THE IMPLIED WARRANTY OF MERCHANTABILITY AND THE IMPLIED WARRANTY OF FITNESS ARE EXCLUDED. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THOSE CLAIMED HEREIN. Liability under this warranty is limited to the cost of the product and shall not extend to any other special or consequential damages. The warranty does not include shipping and processing charges to and from the factory and/or distribution facility. This warranty does not apply to product that has been damaged as a result of improper maintenance, accident or misuse.

This limited product replacement warranty excludes and Deflecto will not pay consequential or incidental damages associated with any warranty claim. Replacement or refund of the cost of the product are the sole remedies. No distributor, retailer, sales representative, agent or employee associated with Deflecto directly or indirectly may, in any way, alter or increase the written terms, conditions, exclusions or limitations of this limited warranty.

Deflecto LLC

Attn: Unbreakable Wall File (DEF6xxxx/83xxx series) Product Replacement Warranty
7035 East 86th Street
Indianapolis. IN 46250

Warranty Process

To assist in processing the claim, please mail the following to the address below or fax to 1-877-333-5351

- Proof of Purchase: Invoice, packing slip, picture of defective product
- > Return of this form by completing the information requested below

Customer Name:	Date:	
Street Address:		
City/State/Zip:		
Phone Number:	E-Mail:	
Product Number or UPC Code (If available):		
Reason for Replacement:		
Original Purchase Date:		
Customer Signature:		
(Office Use Only) Invoice No:		