KEEPING YOU ORGANIZED®

SMEAD CERTIFICATE OF WARRANTY AND ACCEPTANCE FORM

Smead Manufacturing Co. will repair or replace, at our option and sole discretion, any part found defective due to materials or workmanship, as highlighted in our Limited Warranty. **For this warranty to be in force, a signed warranty and acceptance form must be on file at Smead Manufacturing.** For the warranty to be in effect, we must receive the completed warranty and acceptance form within 60 days after your receipt of shipment.

To register your Smead product please:

1. Complete the general information section of the attached form.
2. Make a photocopy of this form for your records.
3. Mail or fax the Warranty Registration Form to:

Smead Manufacturing Co.
Customer Service
600 Smead Blvd.
Hastings, MN 55033
Fax: 1-800-959-9134

WARRANTY AND ACCEPTANCE FORM

To validate your warranty, this card must be on file at Smead Manufacturing Co.

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ZIP: _____ COUNTRY: _____

TELEPHONE: _____

KEY CONTACT:

FIRST NAME_____LAST NAME_____

E-MAIL ADDRESS: _____

MODEL/ITEM NUMBER: _____

DESCRIPTION: _____

❑ Open Shelving ❑ Rotary ❑ Mobile Tracking ❑ Lockable Security Door ❑ Mobile Furniture

DATE OF PURCHASE: Month-Day-Year _____-_____-_____

SMEAD/DEALER SALES ORDER NUMBER:_____(Dealer to provide this information)

NAME OF COMPANY WHERE PURCHASED:_____

ADDRESS: _____

CITY: _____ STATE: _____ZIP: _____ COUNTRY: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

ACCEPTANCE CHECKLIST

(INITIAL)

_____ The Limited Warranty has been reviewed.

_____ I have inspected the system and installation has been completed to my satisfaction.

AUTHORIZED SIGNATURE: _____DATE: _____

PRINTED NAME: _____ TITLE:_____

Smead Manufacturing Co.
600 Smead Boulevard, Hastings, MN 55033, 651-437-4111, Fax: 800-959-9134
WEBSITE: www.smead.com EMAIL: customerservice@smead.com