



PRODUCT WARRANTY 2011

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Altro Whiterock™
Altro Whiterock Chameleon™

Altro Whiterock & Altro Whiterock Chameleon

10 Year Product Warranty

Altro trading as ('Altro') warrants that, in the event of an Altro Whiterock or Altro Whiterock Chameleon requires replacement due to a defect in the product within 10 years from the date of application, anywhere within North America, the defective product will be replaced free of charge provided that:

- It has been fitted and maintained according to Altro specification and
- it has been subjected to only normal wear and to no physical or chemical abuse and
- the registration form has been submitted to Altro fully completed within three months of installation.

This Warranty does not extend to marking from burning agents, staining of the surface of the material or failure of or damage to the material due to circumstances beyond the control of Altro, including failure due to excessive moisture, vapour pressure or alkaline reactions, structural movement or substrate deterioration of the wall and spillages of chemicals to which Altro Whiterock or Altro Whiterock Chameleon have no or limited resistance.

- Any claim made under this Warranty shall be investigated by Altro.
- Altro's liability is limited to supplying, free of charge, sufficient material to replace that found to be defective.
- All purchases of Altro Whiterock & Altro Whiterock Chameleon are subject to the Terms and Conditions of Sale of Altro as amended by the terms of this Warranty.
- Nothing in this Warranty affects your statutory rights as a customer.



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Warranty Registration

TO REGISTER YOUR PRODUCT WARRANTY under the terms of Altro's North American Limited Product Warranty, complete the form below and mail, fax or email to either address:

Altro USA
80 Industrial Way
Wilmington, MA 01887
USA
Tel. 800.641.2667
Fax: 978.694.0433
Email: info@altrofloors.com

Altro Canada
6221 Kennedy Road, Unit 1
Mississauga, ON L5T 2S8
Canada
Tel. 800.565.4658
Fax: 905.564.0750
Email: info@altrofloors.com

PROJECT: _____

ADDRESS: _____

CITY _____ STATE/PROV _____ ZIP/POST _____

SPECIFYING AUTHORITY/CUSTOMER: _____

INSTALLED BY (Contractor): _____

INSTALLATION DATE: _____ AREA TYPE: (e.g. kitchen) _____

PRODUCT TYPE: _____

QUANTITY: _____

PLEASE COMPLETE THE FOLLOWING RETURN INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POST: _____

EMAIL: _____ FAX: _____

SIGNATURE: _____

Please indicate the **preferred** method you would like to receive your completed warranty:

Fax Email

<p>Warranty #: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>TO BE COMPLETED BY ALTRO</p>
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