FRIGIDAIRE
FIT PROMISE

Cooktop

FIT PROMISE CONSUMER CLAIM FORM

On select Frigidaire® appliances purchased between January 1, 2019 and December 31, 2019.

Qualifying Models

❑ FFIC3026TB   ❑ FGIC3666TB   ❑ FGEC3648U
❑ FFIC3626TB   ❑ FGEC3068U   ❑ FFEC3025U
❑ FGIC3066TB   ❑ FGEC3048U   ❑ FFEC3625U

Terms of Promise

Frigidaire® promises that your new 30″ or 36″ Frigidaire® brand cooktop will fit your existing countertop cutout of the same width and configuration, or Frigidaire will reimburse you for countertop modification costs up to $100. In the circumstance that the $100 maximum re-imbursement does not cover the full cost of countertop modifications, then you are responsible for the costs that exceed the maximum $100 allowance. Countertop modifications and installation must be performed by professional installer or contractor. The promise applies to purchases of any of the qualifying models above in the USA in 2019 from an authorized Frigidaire dealer only. Countertop cutouts for new home construction or remodeling that require the location of the cutout to be moved do not qualify. Not available to clubs, organizations, groups, bulk or multi-unit sales to apartments, condominiums, subdivisions or wholesalers. Limit one claim per household. Claim forms must be submitted within 60 days of purchase or installation, whichever is later. Late, noncompliant or duplicate submissions will not be honored. Claim form may not be assigned, transferred or sold. No substitution permitted. Frigidaire makes no other promise regarding the fit of your wall oven other than those expressly set forth herein. By submitting this claim, you hereby accept the stated terms and conditions.

Steps to Submit a Claim

Retain copies of all documents for your records.

1. Complete and sign the claim form. Claims must be submitted within 60 days of purchase date or install date (whichever is later).

2. A copy of your sales receipt dated between 01/01/19 and 12/31/19 and proof of delivery date.

3. A photograph of the previous cooktop you replaced with the cutout dimensions prior to modification.

4. A dated invoice or receipt from a professional installer or contractor stating the cost to modify your existing cabinet with a photograph of the finished install.

5. Two ways to submit your claim:

    a) Online at www.frigidairefitpromise.com

    b) Mail via: Frigidaire Fit Offer, Program # EMAFR011900CT, P.O. Box 9106, Farmington Hills, MI 48333-9106

6. Must submit forms, copy of sales receipt, proof of delivery, photograph(s) and dated invoice from professional installer to qualify.

7. Reimbursement will be mailed in the form of a Prepaid MasterCard® Card within 8 weeks of Frigidaire's determination that the claim submission meets all of the requirements set forth herein.

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If you have questions regarding the status of your claim please call us at 1-866-226-7076 or visit us online at www.FrigidaireFitPromise.com

Claims Form

ALL FIELDS MUST BE COMPLETED TO PROCESS YOUR CLAIM. CLAIMS MUST BE COMPLETE AND SUBMITTED WITHIN 60 DAYS OF PURCHASE DATE OR INSTALL DATE (WHICHEVER IS LATER).

NAME

PHONE ☐☐☐ – ☐☐☐ – ☐☐☐☐

ADDRESS

CITY _____ STATE ☐☐ ZIP ☐☐☐☐☐ – ☐☐☐☐

EMAIL ADDRESS*

In order to receive status updates, please provide an email address. This will be used for correspondence only.

PLEASE SELECT NEW FRIGIDAIRE MODEL NUMBER

☐ FFIC3026TB ☐ FGIC3666TB ☐ FGEC3648U
☐ FFIC3626TB ☐ FGEC3068U ☐ FFEC3025U
☐ FGIC3066TB ☐ FGEC3048U ☐ FFEC3625U

FRIGIDAIRE SERIAL NUMBER

DATE OF PURCHASE ☐☐ – ☐☐ – ☐☐☐☐ DATE OF DELIVERY ☐☐ – ☐☐ – ☐☐☐☐

MANUFACTURER OF PREVIOUS MODEL

MODEL NUMBER OF PREVIOUS MODEL

PREVIOUS MODEL CUTOUT DIMENSIONS – DEPTH _____ WIDTH _____ HEIGHT _____

_____ _____
CUSTOMER SIGNATURE   DATE