



FIT PROMISE

**ON SELECT FRIGIDAIRE® APPLIANCES PURCHASED
BETWEEN JANUARY 1, 2017 AND DECEMBER 31, 2017.**

WALL OVEN - FIT PROMISE CONSUMER CLAIM FORM

Qualifying Models

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> FFEW3026T | <input type="checkbox"/> FFET3026T | <input type="checkbox"/> FGEW3065P | <input type="checkbox"/> FGET3065P | <input type="checkbox"/> FPEW3077R |
| <input type="checkbox"/> LFEW3026T | <input type="checkbox"/> LFET3026T | <input type="checkbox"/> FGEW2765P | <input type="checkbox"/> FGET2765P | <input type="checkbox"/> FPET3077R |
| <input type="checkbox"/> FFEW3025P | <input type="checkbox"/> FFET3025P | | | |
| <input type="checkbox"/> FFEW2726T | <input type="checkbox"/> FFET2726T | | | |
| <input type="checkbox"/> FFEW2725P | <input type="checkbox"/> FFET2725P | | | |

Terms of Promise

Frigidaire® promises that your new 27" or 30" Frigidaire® brand single or double wall oven will fit your existing cabinet cutout of the same width and configuration, or Frigidaire will reimburse you for installation costs up to \$300. Cost of installation may not exceed \$300 and Frigidaire® will not cover any costs exceeding that amount. 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 2017 from an authorized Frigidaire dealer only. Cabinet 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, non-compliant 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.

Limitations & Exclusions of Fit Tool

The Fit Tool was prepared solely to assist consumers in the purchase of a Frigidaire brand wall oven. The comparative dimensions of 27" and 30" single and double wall ovens contained within the Fit Promise database are derived solely from information provided by manufacturers and suppliers of wall ovens in North America and may not include all wall ovens. Frigidaire believes the comparisons to be reliable, but no independent verification has been made. Frigidaire makes no warranty with respect to the comparative dimensions.

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 01/01/17 and 12/31/17 and proof of delivery date.
3. A photograph of the previous wall oven 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 P.O. Box: Frigidaire Fit Offer, Program # EMAFR011700, P.O. Box 2100, Wayne, NJ 07474-2100
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.FrigidaireFit.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

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> FFEW3026T | <input type="checkbox"/> FFET3026T | <input type="checkbox"/> FGEW3065P | <input type="checkbox"/> FGET3065P | <input type="checkbox"/> FPEW3077R |
| <input type="checkbox"/> LFEW3026T | <input type="checkbox"/> LFET3026T | <input type="checkbox"/> FGEW2765P | <input type="checkbox"/> FGET2765P | <input type="checkbox"/> FPET3077R |
| <input type="checkbox"/> FFEW3025P | <input type="checkbox"/> FFET3025P | | | |
| <input type="checkbox"/> FFEW2726T | <input type="checkbox"/> FFET2726T | | | |
| <input type="checkbox"/> FFEW2725P | <input type="checkbox"/> FFET2725P | | | |

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 _____

Allow up to 8 weeks for delivery of MasterCard® Card. Cards are issued by Citibank, N.A. pursuant to a license from MasterCard International and managed by Citi® Prepaid Services. Cards will not have cash access and can be used anywhere MasterCard debit cards are accepted. MasterCard is a registered trademark of MasterCard International Incorporated. The MasterCard expires 6 months after issuance.