



# Front Control Range Fit Promise Consumer Claim Form

On select Frigidaire® appliances purchased between January 1, 2024 and December 31, 2024.

## Qualifying Models

- |                                     |                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> FFGH3054US | <input type="checkbox"/> PCFG3078AF | <input type="checkbox"/> GCFG3060BF | <input type="checkbox"/> FCFE308LAF | <input type="checkbox"/> PCFE3080AF |
| <input type="checkbox"/> LFGH3054UF | <input type="checkbox"/> FCFE3062AS | <input type="checkbox"/> GCFG3060BD | <input type="checkbox"/> FCFG3062AW | <input type="checkbox"/> PCFG3080AF |
| <input type="checkbox"/> LFEH3054UF | <input type="checkbox"/> FCFG3062AS | <input type="checkbox"/> GCFI3060BF | <input type="checkbox"/> FCFG3062AB | <input type="checkbox"/> PCFI3080AF |
| <input type="checkbox"/> FFGH3054UB | <input type="checkbox"/> GCFE3060BF | <input type="checkbox"/> FCFG3083AS | <input type="checkbox"/> FCFE3062AW | <input type="checkbox"/> PCFD3670AF |
| <input type="checkbox"/> PCFE3078AF | <input type="checkbox"/> GCFE3060BD | <input type="checkbox"/> FCFE3083AS | <input type="checkbox"/> FCFE3062AB | <input type="checkbox"/> PCFI3670AF |

## Terms of Promise

Frigidaire® promises that your new Frigidaire® range will fit into your existing 30" or 36" freestanding range cutout, or Frigidaire® will reimburse you up to \$100 for the cost of professionally modifying your countertops. The Frigidaire® Fit Promise program does not cover the cost of installation. The program is intended only to cover potential cost of making modifications to your current kitchen countertops in the situation that the new Frigidaire® model does not fit the existing 30" or 36" freestanding cutout space. In the circumstance that the \$100 maximum re-imbusement does not cover the full costs of countertop modification, then you are responsible for the costs that exceed the \$100 maximum 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 2024 from an authorized Frigidaire® dealer only. Countertop modifications 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 slide-in range 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 01/01/24 and 12/31/24 and proof of delivery date.
3. A photograph of the previous range you replaced with the cutout depth prior to modification. The Manufacturer/Brand and Model # of the unit being replaced (the old unit) is also required as is indicated on the Claim Form.
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](http://www.frigidairefitpromise.com)
  - b) Mail via: Frigidaire Fit Offer, Program #EMAFR012400SI, PO Box 787, Portsmouth NH 03801
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 Virtual 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](http://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

- |                                     |                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> FFGH3054US | <input type="checkbox"/> PCFG3078AF | <input type="checkbox"/> GCFG3060BF | <input type="checkbox"/> FCFE308LAF | <input type="checkbox"/> PCFE3080AF |
| <input type="checkbox"/> LFGH3054UF | <input type="checkbox"/> FCFE3062AS | <input type="checkbox"/> GCFG3060BD | <input type="checkbox"/> FCFG3062AW | <input type="checkbox"/> PCFG3080AF |
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| <input type="checkbox"/> FFGH3054UB | <input type="checkbox"/> GCFE3060BF | <input type="checkbox"/> FCFG3083AS | <input type="checkbox"/> FCFE3062AW | <input type="checkbox"/> PCFD3670AF |
| <input type="checkbox"/> PCFE3078AF | <input type="checkbox"/> GCFE3060BD | <input type="checkbox"/> FCFE3083AS | <input type="checkbox"/> FCFE3062AB | <input type="checkbox"/> PCFI3670AF |

FRIGIDAIRE SERIAL NUMBER

DATE OF PURCHASE  -  -  DATE OF DELIVERY  -  -

MANUFACTURER/BRAND OF PREVIOUS MODEL

MODEL NUMBER OF PREVIOUS MODEL

PREVIOUS MODEL CUTOUT DIMENSIONS - DEPTH \_\_\_\_\_ WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_