



# PERFECT FIT PROMISE

## ELECTROLUX COOKTOP PERFECT FIT PROMISE CONSUMER CLAIM FORM

**On select Electrolux appliances purchased between January 1, 2026 and December 31, 2026.**

### QUALIFYING MODELS

☐ ECCI3068AS      ☐ ECCI3668AS      ☐ ECCG3068AS      ☐ ECCG3668AS

### TERMS OF PROMISE

Electrolux® promises that your new 30" or 36" Electrolux® brand cooktop will fit your existing countertop cutout of the same width (30" or 36") and fuel type (electric/induction or gas), or Electrolux® will reimburse you for countertop modification costs up to \$100. The Electrolux® Perfect 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 countertop cutout in the situation that the new Electrolux® brand model does not fit the existing cooktops cutout space. The new unit must also be the same common industry width/size (30" or 36") and fuel type (Electric or Gas) as the unit being replaced. 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 Canada in 2026 from an authorized Electrolux® 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, non-compliant or duplicate submissions will not be honored. Claim form may not be assigned, transferred or sold. No substitution permitted. Electrolux® 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 1/01/26 and 12/31/26 and proof of delivery date.
3. A photograph of the previous cooktop you replaced with the countertop cutout dimensions prior to modification. The Manufacturer/Brand and Model # of the unit being replaced (the old unit) is also required as 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.PerfectFitPromise.ca](http://www.PerfectFitPromise.ca)
  - b) Mail via P.O. Box: Electrolux Perfect Fit Offer, P.O. Box 3535, Markham Industrial Park, Markham, ON, L3R 6J5
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 Visa® Card within 8 weeks of Electrolux'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 **1-800-265-8352** or visit us online at **[www.PerfectFitPromise.ca](http://www.PerfectFitPromise.ca)**

### CLAIM 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  PROVINCE  POSTAL CODE

EMAIL ADDRESS\*

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

PLEASE SELECT NEW ELECTROLUX MODEL NUMBER

☐ ECCI3068AS ☐ ECCI3668AS ☐ ECCG3068AS ☐ ECCG3668AS

ELECTROLUX 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