



WARRANTY CARD

Please complete and mail to: ACP Warranty Team * P.O. Box 1581 * Appleton, WI 54912-1581

PRINT NAME: _____

ADDRESS 1: _____ ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

In which room(s) have you installed your LICO U.S. flooring (please check all that apply)?

☐ Bedroom

☐ Kitchen

☐ Hobby room

☐ Children's room

☐ Entrance hall

☐ Bath

☐ Living room

☐ Dining room

☐ Other

