



# PERFECT FIT PROMISE

## ELECTROLUX WALL OVEN PERFECT FIT PROMISE CONSUMER CLAIM FORM

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

### QUALIFYING MODELS

- ECWS3011AS    ECWD3011AS    ECWS3012AS    ECWD3012AS    ECWM3012AS
- ECWD3015 AS    ECWS3015 AS    ECWD3015 AS

### TERMS OF PROMISE

Electrolux® promises that your new 30" Electrolux® brand wall oven will fit your existing cabinet cutout of the same width (30") and configuration (Single Oven, Double Oven or Microwave-Combination Oven), or Electrolux will reimburse you up to \$300 for the cost of professionally modifying your cabinets height or width. The Electrolux® Perfect Fit Promise program does not cover the cost of installation. The program is intended only to cover potential cost associated with making modifications to your current kitchen cabinetry in the situation that the new Electrolux® brand model does not fit the existing ovens cutout space. The new unit must also be the same common industry width/size (30") and configuration (Single Oven, Double Oven or Microwave-Combination Oven) as the unit being replaced (old unit). In the circumstance that the \$300 maximum re-imbursement does not cover the full cost of cabinet modifications, then you are responsible for the costs that exceed the maximum \$300 allowance. Cabinet modification 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 2026 from an authorized Electrolux® 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. 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 wall oven 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 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.electroluxperfectfitpromise.com](http://www.electroluxperfectfitpromise.com)
  - b) Mail via P.O. Box: Perfect Fit Offer, Program #EMAELO12600WO, 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 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  
1-866-236-7076 or visit us online at [www.electroluxperfectfitpromise.com](http://www.electroluxperfectfitpromise.com)

### 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  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 ELECTROLUX MODEL NUMBER

ECWS3011AS  ECWD3011AS  ECWS3012AS  ECWD3012AS  ECWM3012AS

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