

# Delta™

Children's Products

U.S PATENT AND OTHER COUNTRIES DELTA

## LAUREL 4 DRAWER CHEST

MODEL No: 70914

M.G.F No: AF 09058

DATE CODE: 04/2009

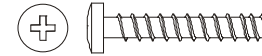
MADE IN BRAZIL

PLEASE WRITE TO: CUSTOMER SERVICE  
114 West 26th Street  
New York, NY 10001

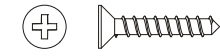
CALL: Tel. 212 - 645 - 9033

OR GO TO: [www.deltachildrensproducts.com](http://www.deltachildrensproducts.com)

## PARTS



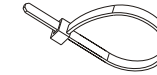
A. (1) SCREWS



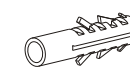
B.(1) SCREWS



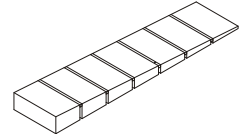
C. (2) BRACKETS



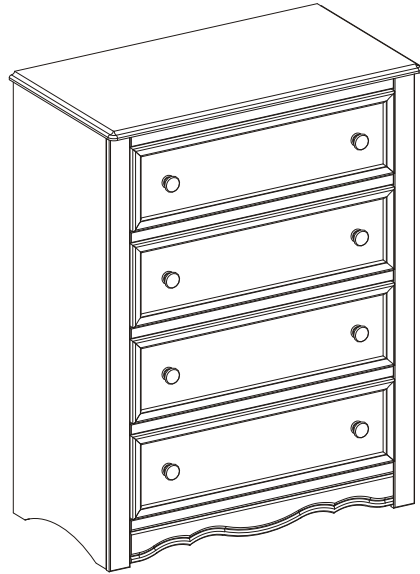
D. (1) NYLON STRAP



E. (1) PLASTIC ANCHOR

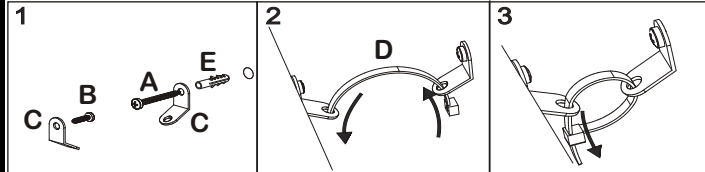


F. (2) LEVELED PIECE

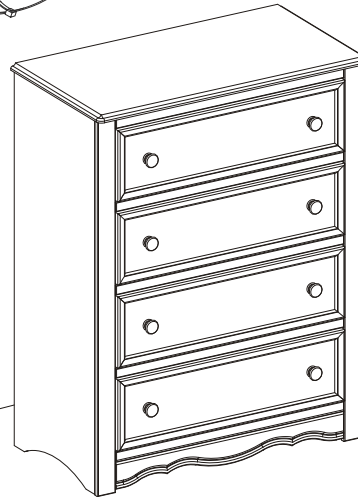


Phillips screwdriver  
needed for assembly

### STEP 1



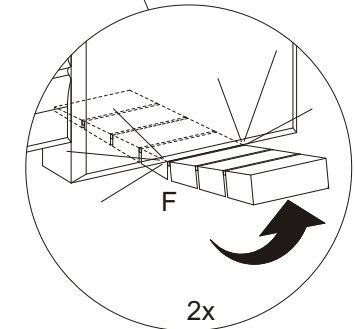
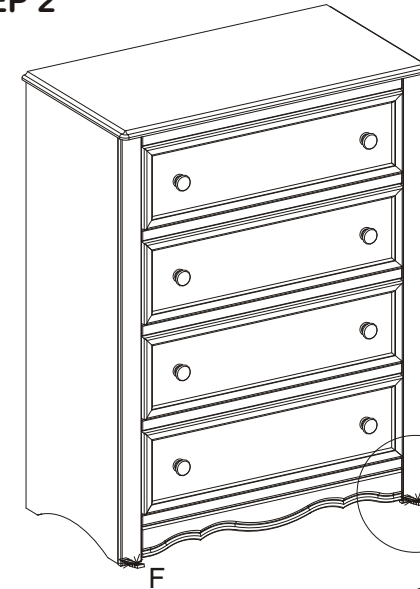
### TIPPING RESTRAINT



**THIS HARDWARE, WHEN PROPERLY INSTALLED, CAN PROVIDE PROTECTION AGAINST THE UNEXPECTED TIPPING OF FURNITURE.**

- 1 - Place the cabinet in the desired location. Find a stud in the wall, preferably near the middle of the cabinet.
- 2 - Attach one of the mounting brackets (C) securely to the back top edge of the furniture using the short screw (B). It should be aligned with the stud in the wall.
- 3 - Mark the location on the wall for mounting the second bracket. It should be in line with the bracket on the cabinet and should be secured to the stud with screw (A).
- 4 - Place the furniture so the bracket on the back edge is in line with the bracket on the wall.
- 5 - Lace an end of the nylon restraint strap (D) down through each bracket. Bring both ends together. And slide the beaded end of the strap through the keyhole Shaped slot in the other end unit snug. Pull down on the beaded end until it Snap-locks into the keyhole.
- 6 - Check to make sure the strap is securely laced and locked to the brackets.

### STEP 2



# WARNING

FOR SAFETY: READ ALL INSTRUCTIONS.  
KEEP INSTRUCTIONS FOR FUTURE USE.

1. CHECK ALL SCREWS & BOLTS AND MAKE SURE THEY ARE TIGHT BEFORE USING.
2. FROM TIME TO TIME CHECK OVER YOUR 4 DRAWER CHEST.

## SOME DO S AND DON'T'S:

1. NEVER PUT VAPORIZER OR ARTICLES OF MOISTURE ON YOUR 5 DRAWER CHEST.
2. NEVER USE HARSH CLEANERS OR SPIRITS TO CLEAN YOUR 5 DRAWER CHEST.
3. PLEASE FILL OUT AND RETURN YOUR WARRANTY WITH A COPY OF YOUR SALES RECEIPT TO DELTA. KEEP THE ORIGINAL RECEIPT FOR YOUR RECORDS.

## 90 DAYS WARRANTY

DELTA WANTS YOU TO BE SATISFIED WITH ANY PRODUCT THAT BEARS THE DELTA NAME. THEREFORE, DELTA WILL SUPPLY PROMPTLY, AND WITHOUT CHARGE, ANY MISSING PARTS PROVIDED THAT THE DESCRIPTION OF THE MISSING PART IS REPORTED WITHIN 10 DAYS OF THE PURCHASE OF THE PRODUCT. DELTA WILL REPLACE ANY DEFECTIVE PARTS FREE OF CHANGE, DURING THE WARRANTY PERIOD WHICH BEGINS ON THE DATE OF PURCHASE AND EXTENDS FOR 90 DAYS, PROVIDED THAT DEFECT IS NOT RESULT OF CUSTOMER ABUSE OR MISUSE.

**MISSING PARTS:** IN THE UNLIKELY EVENT THAT YOUR 5 DRAWER CHEST HAS A PART MISSING, PLEASE RETURN YOUR WARRANTY TO DELTA ALONG WITH SALES SLIP AND A DESCRIPTION OF THE MISSING PART WILL BE SEND OUT IMMEDIATELY.

DEFECTIVE PARTS WILL BE FIXED OR REPLACED WITHOUT CHARGE PROVIDED THAT PROOF OF PURCHASE IS PROVIDED AND THAT THE WARRANTY IS IN EFFECT. IF YOU HAVE A PROBLEM, PLEASE DO THE FOLLOWING:

1. MAKE SURE YOU HAVE RETURNED YOUR WARRANTY AND SALES SLIP PROOF OF PURCHASE SHOWING THE DATE THE 5 DRAWER CHEST WAS PURCHASED.
2. IF YOU CANNOT REPAIR WITH NEW REPLACEMENT PART, THEN RETURN THE 5 DRAWER CHEST TO THE DELTA SERVICE DEPARTMENT, 114 WEST 26TH STREET - NEW YORK, NY 10001, UNITED STATES, TELEPHONE: 212 645-9033. YOU MUST INCLUDE PROOF OF PURCHASE IF THE WARRANTY CARD HAD NOT NOT BEEN ON FILE AT DELTA.
3. DELTA WILL FIX THE 5 DRAWER CHEST AND RETURN IT TO YOU PREPAID.
4. PLEASE DO NOT RETURN PRODUCT TO STORE. ONCE A PRODUCT IS RETURNED, IT CANNOT BE RESOLD. THE MATERIALS AND ENERGY USED TO MAKE IT ARE WASTED.

**CUSTOMER ABUSE AND MISUSE:** IN THE EVENT THAT DELTA DETERMINES THAT THE DEFECT WAS THE RESULT OF CUSTOMER ABUSE AND MISUSE, WE WILL CONTACT YOU WITH THE COST OF PARTS AND SERVICE.

TO INSURE THAT YOUR 5 DRAWER CHEST CAN BE PROMPTLY SERVICED, PLEASE FILL OUT THIS WARRANTY AND RETURN IT TO DELTA AS SOON AS YOU UNPACK THE 5 DRAWER CHEST (INCLUDE COPY OF SALES SLIP)

NAME \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
MODEL # AND DATE CODE PUCHASE \_\_\_\_\_ PURCHASED AT: \_\_\_\_\_  
LOCATION \_\_\_\_\_  
YOUR CHILD'S BIRTH DATE \_\_\_\_\_ WHEN IS YOUR BABY EXPECTED: \_\_\_\_\_  
WAS THIS A GIFT? \_\_\_\_\_ DO YOU HAVE ANY OTHER CHILDREN? \_\_\_\_\_  
YOUR AGE GROUP:      UNDER 20      20-25      25-30      30-35      OVER 35  
COMMENTS: \_\_\_\_\_

