



Claim Registration Form

Installation Date: _____ Date Complaint Registered: _____ Inspection Date: _____
Flooring Contractor : _____ City: _____
Address: _____ State: _____ Zip: _____
Phone: _____ Contact: _____

Enduser Name : _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Contact: _____ Purchase Date: _____

Describe Problem

Style/SKU: _____ Color: _____ Backing: _____ Pattern: _____
Order#: _____ Invoice #: _____ Invoice Date: _____
Invoice Quantity: _____ Unit of Measure:

Sq Ft _____	Sq Yds _____	Ctns _____
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Involved in Complaint: _____ Unit Price: _____ Roll #'s: _____

Adhesive Used: _____ Area Involved in Claim: _____
Recommendations: _____
Claim Submitted By: _____ Company Name: _____
Phone #: _____ Today's Date: _____
Please attach or reference the Distributor Invoice applicable to this claim. _____