

CLAIM SUBMITTAL FORM

FORM#108
11/19/2001

Please type or print clearly

SHAW INDUSTRIES, INC.
FINANCIAL SERVICES DEPARTMENT
). BOX 40
DALTON, GA. 30722-0040
FAX #1-800-323-3754
Submit via www.shawonline.com

- Stock Claim
- Consumer Claim
- Repair Claim

SECTION I

Please complete the appropriate sections below for this submital.
FOR FASTER SERVICE, PLEASE INCLUDE A COPY OF THE INVOICE WITH THIS FORM

One claim per form please.

DEALER	ACCOUNT #	DATE
ADDRESS	CITY	STATE ZIP
EMAIL ADDRESS	TELEPHONE # (Area Code) + number	
INVOICE # (attach copy)	INVOICE DATE	FAX # (Area Code) + number
MILL ORDER #	STYLE #	COLOR # ROLL #
SIZE SHIPPED	SIZE INVOLVED IN CLAIM (Please be specific)	FLOORCOVERING INSPECTED BY (NAME OF DEALER CONTACT)

SECTION II

Please answer all questions. Please complete this section only if floorcovering is installed.

CONSUMER NAME (Give full name)	Owner Occupied <input type="checkbox"/> Y <input type="checkbox"/> N	TELEPHONE # (Area Code) + number HOME:	WORK:
ADDRESS	CITY	STATE	ZIP
DATE INSTALLED	DATE OF COMPLAINT	DATE INSPECTED	INSPECTED BY
AREAS OF COMPLAINT (Rm and room size involved in claim)			TYPE OF INSTALLATION <input type="checkbox"/> GLUE DOWN <input type="checkbox"/> LOOSE LAY <input type="checkbox"/> STRETCH-IN
TRAFFIC <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> EXTRA HEAVY			TYPE OF PAD
CARPET CLEANED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> CONSUMER	CLEANING METHOD USED <input type="checkbox"/> DRY COMPOUND <input type="checkbox"/> HOT WATER EXTRACTED <input type="checkbox"/> SHAMPOOED	

SECTION III

FOR UNINSTALLED FLOORCOVERING ONLY - REFER OTHER QUESTIONS TO SALES PERSON
PLEASE COMPLETE THIS SECTION ONLY IF FLOORCOVERING IS NOT INSTALLED

PLEASE CHECK APPROPRIATE BOX AND EXPLAIN BELOW

<input type="checkbox"/> WRONG STYLE	<input type="checkbox"/> WRONG COLOR	<input type="checkbox"/> DEFECTIVE (type of defect?)	<input type="checkbox"/> WRONG SIZE	IF CUT: (Size of Cuts made)
ORDERED?				
RECEIVED?				
REPAIR EXPENSES (REASON)	\$AMOUNT			

SECTION IV

THIS SECTION MUST BE COMPLETED

DESCRIPTION OF PROBLEM

RECOMMENDED RESOLUTION

NAME OF PERSON COMPLETING FORM (PLEASE PRINT)

(THE INFORMATION SHOWN ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE)

To request additional forms, please call 1-800-441-7428