

Return all copies to:

ATTN: Tech Services

QEP Tennessee

2225 Eddie Williams Rd.

Johnson City, TN 37601

Phone 1-800-258-5758 Fax:423-979-3706



## Claim Form

No.	
Number will be issued by claims dept.	

Owner				Product			
Address				Item#			
City, State, Zip				Square Ft.		Mfg. Run #	
Phone (H)		(W)		Delivery Dt.			
				Install Date			
Retailer				Retail Invoice Date			
Address				Retail Invoice #			
City, State, Zip				Residential		Commercial	
Phone		Fax		New Const.		Remodel	
Contact		Installer		Grade	On <input type="checkbox"/>	Above <input type="checkbox"/>	Below <input type="checkbox"/>

Distributor		Branch		Expansion Space	
Dist. Inv. Date		Dist. Inv.			

Area/ Rooms Installed							
Subfloor: Plywood		Concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No	OSB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Particle Board	<input type="checkbox"/> Yes <input type="checkbox"/> No
Old Flooring-Type							
Level <input type="checkbox"/> Yes <input type="checkbox"/> No	Moisture Content: Flooring			Subfloor		Joists	

Heating System: Type		Maintenance Products	
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Method:	Floating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glue used in tongue and groove	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glue Down	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adhesive Type		
Nail/Staple	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fastener Size		
Was moisture content of sub-floor checked before installation			<input type="checkbox"/> Yes <input type="checkbox"/> No	How
Relative humidity during installation		Relative humidity during inspection		
WHAT IS MANUFACTURING DEFECT:				

UNUSUAL CIRCUMSTANCES, SPECIFY:	
RECOMMENDATIONS:	

ADDENDUMS will not be accepted. Please be sure all information is submitted at initial filing.

NOTE: Claims will only be accepted when completed.

ATTN: Distributor Complaints Coordinator: Samples, photos, invoices, labor estimates are required to process claim.

Material	0	SF @	0.00	(Distr Cost)	0
Labor					0
Misc.					0
TOTAL					0
Please provide brief summary of MISC charges here:					

I have reviewed the Installation Instructions and Complaint Handling Procedures Manual and certify that all information reported above is correct.

Regional Sales Manager	Date	Distributor Complaint Coord.	Date
Internal use only:	Accepted Amount	Credit Memo #	
Authorization:			