

CLAIM FORM

SECTION I

Please complete the appropriate sections below for this submittal.

DATE		CLAIM SUBMITTED BY			
ACCT. NAME		ACCT. #		CONTACT	
ADDRESS		CITY		STATE	ZIP
PHONE #			EMAIL #		
INVOICE #		INVOICE DATE		PO #	
STYLE NAME		COLOR #		ROLL #	
SIZE SHIPPED		SIZE INVOLVED IN CLAIM			

SECTION II

Please complete this section only if floor covering is installed.

CONSUMER NAME		Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No		TELEPHONE # ()	
ADDRESS		CITY		STATE	ZIP
DATE INSTALLED	DATE OF COMPLAINT	DATE INSPECTED	TYPE OF INSTALLATION <input type="checkbox"/> GLUE DOWN <input type="checkbox"/> LOOSE LAY <input type="checkbox"/> STRETCH-IN		
AREAS OF COMPLAINT (Rms and room size involved in claim)					
TYPE OF PAD		TRAFFIC <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		PETS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CARPET CLEANED? <input type="checkbox"/> Yes <input type="checkbox"/> No		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

Please complete this section only if floor covering is not installed. Refer other questions to sales person.

PLEASE CHECK APPROPRIATE BOX AND EXPLAIN BELOW

	<input type="checkbox"/> WRONG STYLE	<input type="checkbox"/> WRONG SIZE	<input type="checkbox"/> WRONG COLOR	<input type="checkbox"/> DEFECTIVE (Type of defect?)
ORDERED	_____	_____	_____	_____
RECEIVED?	_____	_____	_____	_____

SECTION IV

Please complete this section only if floor covering is installed.

DESCRIPTION OF PROBLEM _____
