

Hardwood Flooring Liquidators Inc.



CLAIM FORM

COMPANY / STORE INFORMATION

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

CUSTOMER INFORMATION (WHERE FLOORING WAS INSTALLED)

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

INSTALLER INFORMATION

NAME _____
PHONE _____
INSTALLER C-15 LIC # _____
MATERIAL NAME / INVOICE # _____
DATE OF INSTALLATION _____

Hardwood Flooring Liquidators Inc.



****PLEASE FORWARD PHOTOS OF THE FLOORING THAT YOU ARE CLAIMING IS DEFECTIVE****

PRINT NAME _____

DATE _____

SIGN NAME _____

**Claims Manager
2220 COMMERCE PLACE
HAYWARD CA 94545
PHONE: 510-606-1280
FAX: 510-298-5680 or 510-606-1285
info@republicfloor.com**