



Warranty Claim Form

DEALER NAME	Claim #	
Address	Contact Person	
City	Phone #	
CONSUMER NAME		
Address	Phone #	
City	State	Zip
Product Name	Item #	
Square footage purchased	Square footage of complaint	
Invoice #	Date Purchased	
Date Installed	Type of Underlayment	
Type of Adhesive	Type of Trowel	
Sealer Used	Where installed	
Subfloor Moisture Reading	Moisture Reading	
Date of Original Complaint	Date Inspected by Dealer	
Number in Family	Number of Pets in Family	
REASON FOR CLAIM		
DEALER COMMENTS		
REP- COMMENTS		

I hereby certify that I have verified the information set forth above, that the information is true and correct to the best of my knowledge, information and belief and that the information fairly describes the claim.

I have / have not (select one) personally inspected the floor.

Inspected By (please print): _____

Signature: _____