

# KARNDEAN CLAIM FORM

Return To: Karndean Designflooring, 5375 FAA Boulevard #100, Irving, Texas 75061

Tel: (888) 266-4343 Fax: 817-553-3920 EMAIL: joshua.malkos@karndean.com

**\*For (Karndean) Office Use Only: Failure to supply picture, samples, or fully complete form will cause a delay in processing\***

Claim Number: \_\_\_\_\_ Comments / Notes: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Processed By: \_\_\_\_\_

## Official Use Only

\*\*Please completely fill out everything from this point, down\*\*

Today's Date: \_\_\_\_\_

**Photo Taken: YES NO Sample Obtained: YES NO**

**Sample Sent Via: \_\_\_\_\_**

**Sample Tracking Number: \_\_\_\_\_**

\*MUST SHOW ENTIRE AFFECTED AREA AND CLOSE UP OF ISSUE\*

\*MUST BE FULL SIZE SAMPLES FROM THE EXISTING FLOOR\*

**\*\*For this complaint to be processed, it MUST include samples AND photos.\*\***

## Distributor Information

Distributor's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Retailer Information

Retailer's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## End-User Information

End-User's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

## Product Information

Product Used: \_\_\_\_\_ Batch Number: \_\_\_\_\_  
Ordered Quantity (Boxes): \_\_\_\_\_ Karndean Invoice Number: \_\_\_\_\_  
Affected Quantity (Boxes): \_\_\_\_\_

*\*Claims **WILL NOT** be processed without the Karndean invoice number(s).*

### Adhesive Used

K91-P \_\_\_\_\_ K87WS \_\_\_\_\_  
K91-A \_\_\_\_\_ Karndean Epoxy \_\_\_\_\_  
Other \_\_\_\_\_  
Glue Batch Num/ Date \_\_\_\_\_

### Cleaners / Maintenance Products Used

Basic Stripper \_\_\_\_\_ Refresh \_\_\_\_\_  
Routine Cleaner \_\_\_\_\_  
Other \_\_\_\_\_

## Site Details

Type of Sub-Floor \_\_\_\_\_ Approx. Age of Sub-floor \_\_\_\_\_  
Preparation Done \_\_\_\_\_ Was Product Acclimated? \_\_\_\_\_  
Installation Date \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
Type Of Room \_\_\_\_\_ Was the Floor Rolled? \_\_\_\_\_  
(Dining Room, Kitchen, Hallway, Entry, etc..) \_\_\_\_\_ Moisture Test Type and Results \_\_\_\_\_  
Nature of Problem: \_\_\_\_\_

If an Independent Inspector is requested, Karndean can arrange for one to inspect the problem.

However, if there are no manufacturer defects, the Distributor / Dealer will be responsible for the invoice.

If there are questions, please call our office at 888-266-4343 x 7100

## Distributor / Retailer Representative's Report

Inspected By: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

*\*You may attach a copy of the Karndean Inspection Form or your own Inspection Form\**

**\*\*\*Total Amount Requested: \$ \_\_\_\_\_**

*\*Only on the full completion of this form will the complaint be registered with Karndean International  
~Please duplicate as needed~*