

 <p><b>SOUTHWIND</b> CARPET &amp; HARD SURFACE</p> <p>Return Address: 3900 W. 34th St. N Sioux Falls, SD 57107</p> <p>Phone: (800)353-3080 Fax: (605)336-3043 Email: <a href="mailto:info@tsf.com">info@tsf.com</a></p>	Submitted by:	Detailed Complaint Description:
	Tel/Fax:	
	Contact:	
	Date Complaint:	
	Your Ref #:	Moisture Tests: Yes or No _____
	SF involved or SY involved in complaint:	Moisture Readings: _____
		Repairs: Yes or No _____ If Yes
	Original Invoice #: Pallet # or Roll #:	What Type of Sample Submitted: _____ <b>Required to process claim</b>
Account#		product sample _____ picture _____
Retailer Name and Address	Style & Color: Date Installed:	<b>Photos should be at least 4X6 - E-mail to info@tsf.com</b>
Contact:	Carpet or LVP: Rooms Installed In:	Amount claimed for material \$ _____
Tel:	Type of Underlay/Pad/ Adhesive used:	Amount claimed for labor \$ _____
Fax:	Type of Subfloor: Acclimation Time:	Amount claimed for Misc Exp \$ _____
E-mail:		Total for Claim \$ _____
Consumer Name and Address(optional)	Type of Installation	<b>Detailed Labor Cost: Please Attach An Itemized Breakdown And Invoice From Installer (mandatory to process claim)</b>
Home Tel:	Glue Down _____ Loose Lay _____	
Business Tel:	Loose Lay _____ Full Spread _____	
Original Purchaser/Owner Occupied _____	Stretched In: _____ Type of Pad: _____	
	Trowel Size _____ Roll or Trowel _____	Miscellaneous Expenses (explain):
	Professional Install _____ DIY _____	
<p><b>Please note:</b> All manufacturing defect claims must be accompanied by a sample or picture which clearly shows the damage / defect. Please allow up to 30 days for resolution to all claims. <b>Southwind Carpet &amp; Hard Surface reserves the right to adjust labor rates to reasonable / customary rates for any specific area. Form must be filled out completely, including account and invoice numbers or resolution may take longer than 30 days.</b></p>		

**For Legacy Floors by Southwind Use Only**

Date Claim Received \_\_\_\_\_ Assigned Claim # \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_ Date Resolved \_\_\_\_\_

Additional Information Requested on \_\_\_\_\_