

LEGACY BY SOUTHWIND HARD SURFACE
Claim Form

Tel: (800) 353-3080 Fax: (605) 336-3043 Email: info@tsf.com

ACCOUNT INFORMATION

Acct #: _____ Company Name: _____ Date: _____

Ph# _____ Fax# _____ Contact Name: _____

Email Address: _____

INVOICE INFORMATION

Invoice #: _____ Invoice Date: _____ (please fax copy of invoice)

Carton #: _____ Style: _____ Color: _____

Quantity Shipped: _____ Quantity Involved in Complaint: _____

Date Installed: _____ Date of Complaint: _____

JOBSITE INFORMATION

Type of Installation: Glue down _____ Click _____ Other _____

How is the floor Maintained? _____

Were any protectors used on the furniture? If so, what kind? _____

Was the floor exposed to any leaks or spills? _____

Acclimation Time Before Installation _____ Original Purchaser/New Owners: _____

How was the flooring installed?

Perimeter Glued ____ Full Spread ____ Loose Laid ____ Unknown ____

If the floor was glued down what adhesive was used? _____

Was open time allowed on the adhesive? Yes ____ No ____

What the adhesive applied by trowel or roller? _____ What size was used? _____

Was a roller used after installation? If so please provide weight of roller. _____

Who installed the flooring?

Consumer ____ Retailer ____ Independent Installer ____ Other ____

When the problem was first noticed? _____

What is the subfloor? _____

Where any repairs made to flooring? If yes, list when and what type of repairs made

If installed over a concrete was a moisture test performed? Yes _____ No _____

What type of moisture test performed? Calcium Chloride or Relative Humidity _____

What were the moisture readings? _____

How many moisture tests were performed? _____

Are all rooms connected? Yes _____ No _____

What rooms is the flooring installed in? _____

CLAIM INFORMATION

Description of Complaint & Rooms Involved: _____

Suggestion to Correct Problem: _____

Are photos available? (Need room scene and pictures showing complaint) _____

CONSUMER INFORMATION

Name: _____ PH# _____

Address: _____ City: _____ State: _____ Zip: _____

MATERIAL \$ _____

FREIGHT \$ _____ (if shipped collect-must provide freight bill)

LABOR \$ _____ (itemized labor bill must be submitted)

INSPECTION \$ _____ (certified inspector invoice & report must be included)

TOTAL CLAIM \$ _____