

**@9; 57M6MSOUTHWIND CARPET MILLS**  
**Claim Form**

Vgn'': 22+'575/52: 2'Hcz<'\*827+'558/5265'Go ckr'lpqB vufeqo

*ACCOUNT INFORMATION*

Acct #: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ph# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

*INVOICE INFORMATION*

Invoice #: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ (please fax copy of invoice)

Roll #: \_\_\_\_\_ Style: \_\_\_\_\_ Color: \_\_\_\_\_

Size Shipped: \_\_\_\_\_ Size Involved in Complaint: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Type of Install: Stretch-In or Glue down Type of padding? \_\_\_\_\_ Has cpt been cleaned? \_\_\_\_\_

Acclimation Time Before Installation \_\_\_\_\_ Original Purchaser/New Owners: \_\_\_\_\_

*CONSUMER INFORMATION*

Name: \_\_\_\_\_ PH# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*CLAIM INFORMATION*

Description of Complaint & Rooms Involved: \_\_\_\_\_

Suggestion to Correct Problem: \_\_\_\_\_

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 \$ \_\_\_\_\_