



DISTRIBUTOR CLAIM FORM

Participants

Customer Name:	Retailers Name:
Street:	Street:
City, State, Zip:	City, State, Zip:
Home Phone:	Cell Phone:
Business phone:	Phone:
	Contact:

Distributor Information

Distributor:	Claim #:	Claim Department Contact:
Distributor Sales Representative Contact Info:		

Product Information

Product Name:	Pattern #:	Run #:	# Of Cartons:
Tile or Plank:	Date Product Delivered:	Date Installed:	
Was Adhesive Used:	Was Installation Perimeter Glued?	Please Describe Method Below	
Raskin Bill #			

Site Information

Room(s) where installed:	Type of Substrate:	Footage of issue:
Was Calcium Chloride testing done before installation?	If so result (lbs.):	
Any Areas Subjected to Rolling Loads?	If so are Wheels Proper Size and Width?	

Problem reported by Consumer

Are Samples Available if Needed?	Do You Have Photos of Issue to Email to Address Below?

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List details of what Dealer needs to resolve issue

Please email claim to aschmid@colepapers.com coleflooring.com