



CLAIM FORM

CLAIM FORM MUST BE FILLED OUT ENTIRELY TO PROCESS CLAIM - PLEASE PRINT CLEARLY

Email form to: kscott@colepapers.com

CLAIM NUMBER: _____ *submittor's reference/claim #* DISTRIBUTOR: _____ *if applicable* DATE SUBMITTED: _____

CONSUMER INFORMATION

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

RETAILER INFORMATION

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____ Contact Name: _____

INVOICE & PRODUCT INFORMATION

Beauflor Invoice #: _____ Product Type: _____ *(CV/LV/Lam/Wood/Acc/Other)*
Retailer/Dist Purchase Date: _____ Product Description: _____
Total SQ FT/SY involved in claim: _____ Product ID Info: _____

INSTALLATION INFORMATION

Professionally Installed: YES NO Installer Name: _____
Date of Installation: _____ Installer's Phone #: _____
Subfloor: _____ Grade: _____ *(On/Below/Above)* Moisture Barrier? YES NO
Subfloor flat & level to spec? YES NO Expansion? YES NO Acclimation Time: _____

REASON FOR COMPLAINT / CLAIM DESCRIPTION

CLAIM REQUEST:

Material: \$ _____ Other: \$ _____ *(please specify below)* Claim Total: \$ _____
Labor: \$ _____

** PLEASE ATTACH/INCLUDE COPIES OF ALL RELEVANT PAPERWORK, INVOICES, FREIGHT BILLS, PHOTOS, ETC. **

*** OBTAIN SAMPLE THAT REFLECTS THE ISSUE IN THE CLAIM ***

BEAUFLORE CLAIMS DEPARTMENT USE ONLY

Samples: YES NO Pictures: YES NO Chargeback: YES NO
Credit Amount Issued: Material \$: _____ Labor \$: _____ Other \$: _____ Total \$: _____
Approved / Denied: _____ Signature: _____ Date: _____