



**CLAIM FORM**

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

Email form to: [aschmidt@colepapers.com](mailto:aschmidt@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**

Bauflor 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 \*\*\***

**BEAUFLOR CLAIMS DEPARTMENT USE ONLY**

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