



HF DESIGN CLAIM FORM

Consumer Name:	_____	Date Inspection:	_____
Street:	_____	Product Used:	_____
City, State, Zip:	_____	Qty. in S/F:	_____
Phone:	_____	Room Type:	_____
Distributor Name:	Dealers Supply	Type of Install:	_____
Street:	P.O. Box 2628	Fastener/Adhesive:	_____
City, State, Zip:	Durham, NC 27715	Nail Pattern/Trowel:	_____
Phone:	1-800-776-6655	Expansion Space:	_____
Email:	Claims@dsx.com	Sub-Floor Levelness:	_____
Contact:	Claims Administrator	Pre-Install Acclimation:	_____
Grade Level:	_____	Room Temperature:	_____
Sub-Floor Type:	_____	Room Relative Humidity:	_____
Joist Spacing:	_____	Moisture Info Include Meter Type:	_____
Heat/Air Type:	_____	Sub-Floor @ Install:	_____
Date Installed:	_____	Flooring @ Install:	_____
Original Inv.#:	_____	Sub-Floor @ Inspect.:	_____
Samples Y/N:	_____	Flooring @ Inspect.:	_____
Retailer Name:	_____		_____
Street:			
City, State, Zip:			
Phone:			

Complaint

Distributor/Dealer Initial Inspection

Inspected By: _____

Recommended Action _____

Inspectors Signature: _____

Please send completed form and include pictures representative of the stated defect to:
claims@dsx.com