

Warranty Claim Form

DISTRIBUTOR INFORMATION		RETAILER INFORMATION	
Name: Dealers Supply		Name:	
Address: PO Box, 2628 Durham, NC 27715		Address:	
Phone: 800-776-6655	Fax: 800-249-6655	Phone:	
E-mail: claims@dsx.com		E-mail:	

INSTALLER INFORMATION		CONSUMER INFORMATION	
Name:		Name:	
Address:		Address:	
Phone:	Fax	Phone:	Fax
E-mail:		E-mail	

GENERAL INFORMATION	LOCATION OF INSTALLATION: (if different from consumer info)
Date of purchase: (mm/dd/yyyy)	Address
Date of installation:	
Product/item #:	Phone: Fax:
Square feet/cartons:	E-mail:
Radiant Heat: Yes No	Relative Humidity: Temperature:
Was Heat and Air Conditioning functional and running prior to installation? Yes No For how long?	
Are there expansion spaces throughout the installation? Yes No	
Was the flooring acclimated prior to installation? Yes No	
If flooring was acclimated, how long was it acclimated? Where was it placed?	

INSTALLATION METHOD		
Glue	Type of glue:	Trowel tooth shape and size:
Staple/Nail	Length of staple or nail: Gauge:	Type of nailer:
Float	Type of tongue glue:	Subfloor level: _____ inches over _____ feet

Subfloor PICTURES ARE REQUIRED FOR EACH MEASUREMENT/READING BELOW! Please attache when emailing.			
Type:	Thickness	Moisture Content	Moisture Meter Brand/Model
OSB			
Plywood			
Concrete	n/a		

ENVIRONMENTAL ASPECTS
Cleaning schedule:
Are there pets in the home? Yes No If so, how many?
What cleaning products are used?

DESCRIPTION OF THE PROBLEM AND EXACT NUMBER OF BOARDS AFFECTED:

SUGGESTED RESOLUTION:

INSPECTOR'S INFORMATION

Name:	
Address:	
Phone:	Fax
E-mail	

SKETCH DIMENTIONS OF THE INSTALLATION. (attach scanned sketch if emailing this document)

About photos: Please clearly mark each affected plank on the floor with blue painter's tape, take picutre of the issues, and count the affected boards.

Submit samples from the jobsite or a carton from the same run number if available.

Please download claim form and email completed form to claims@dsx.com.