



Laminate Flooring Warranty Claim Form

Date: _____

Swiss Krono Customer Info (STORE):

Store # and name:	
Contact Name:	
Contact email:	
Phone & Fax:	

Consumer Info (Store's retail customer):

Name (first and last):	
Street Address:	
City/State/Zip:	
Phone:	
Cell #:	

Product Info:

Product Line:	
Décor No & Name:	
Product SKU #:	
Install Date:	
Rooms where floor is installed:	
Total Sq. Ft. purchased:	
Total Sq. Ft. affected:	
Fully Installed (y/n):	
Name of installer:	

Additional Documents:

Receipt or other proof of purchase (required):	
Original installation information:	Installed by homeowner (y/n): _____ Professionally installed (y/n): _____ <i>Paid invoice required if professionally installed</i> N/A (flooring is not installed) _____
Pictures attached (y/n):	

Complaint type (Please check one or more items that apply)

Chipping	Peaking of Joints	Height Difference	Visible Seams
Surface Defect	Registration	Locking System Defect	Warped Planks
Gaps	Sheen Variation	Measures/Shape/Squareness	Physical Damage
			Other

Complaint Comments:

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