

				DATE	
Email completed form to service@nextfloor.net (or, if not possible, fax to 224-521-6904)					
Attach copies of distributor invoice, Next Floor invoice, and photographs showing defect					
DEALER					
ADDRESS					
CITY		STATE		ZIP	
CONTACT AT DEALER		DEALER TELEPHONE			
END USER					
ADDRESS					
CITY		STATE		ZIP	
CONTACT AT END USER		END USER TELEPHONE			
INSTALLATION DATE		PROFESSIONALLY INSTALLED		YES / NO	
Distributor Claim No.		Distributor Invoice No.			
SY AFFECTED (Carpet Tile)					
SF AFFECTED (LVT)					
# OF CARTONS					
STYLE AND COLOR NAME & NUMBER					
DYE LOT					
DESCRIBE USE AREA (office, retail store, salon, etc)					
DESCRIPTION OF PROBLEM					
<p>Material =</p> <p>Labor =</p>					

Mail samples of defective goods to:

Next Floor Inc.
Claim Department
1857 Sawmill Road Suite 202
Conestogo, ON N0B 1N0
Attn: Steven Parke
Tel 888 611 3382