

Dealers Supply Company

Claim Form

Date: _____

Inspection Date: _____

Retailer Information

Retailer Name _____
Street Address _____
City/State/Zip _____
Phone # _____
Email _____

Account # _____

Consumer Information

Name _____
Address _____
City/State/Zip _____
Phone # _____
Email _____

Product Information

Product Name: _____
Quantity Ordered: _____
Customer Concerns: _____

Item No: _____
Footage In Claim: _____

Site Information

Installation Method _____
Installation Date: _____
Date of Concern: _____
Rooms Installed: _____
Samples: _____
Subfloor: _____

Additional Information

