



Salesperson: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

**Claim Form**

Jaekle Claim #: \_\_\_\_\_

**SECTION 1** To be completed by distributor or salesperson

Dealer/Distributor/Branch Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact: \_\_\_\_\_  
name

Telephone: \_\_\_\_\_

email Address: \_\_\_\_\_

Consumer: \_\_\_\_\_  
name street address city, state, zip telephone email

Color: \_\_\_\_\_ Shape: \_\_\_\_\_

Professionally Installed: Yes No

Item #: \_\_\_\_\_ Shade: \_\_\_\_\_

Installation Inspected: Yes No

Invoice#: \_\_\_\_\_

Type of Room: \_\_\_\_\_

Pcs/Ft<sup>2</sup> that exhibit(s) the problem: \_\_\_\_\_

**Please submit samples, digital photos of installation/problem, and label samples**

Description of Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Resolution Desired by Customer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Ware Credit Valuation: \_\_\_\_\_

Installation Credit Valuation: \_\_\_\_\_