



SPONGE-CUSHION, INC. Carpet Cushion Inspection Report

SALESPERSON: _____

DATE OF SUBMITTAL: _____

CUSTOMER CLASSIFICATION (w/who we invoiced)

Distributor: Jaeckle Distributors

Address: 4101 Owl Creek Drive

City/State/Zip: Madison, WI 53718

Phone: _____

Contact Person: _____

Account No: 8917083

Invoice No: _____

Invoice Date: _____

If Claim is for a Distributor's Customer, complete the following:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Installation Type (res or Comm): _____

Installation Firm: _____

Installation Address: _____

Installation Telephone: _____

Type of Floor: _____

Did you Inspect Job? (Y or N): _____

If not, discuss why: _____

Date Inspected: _____

Who Accompanied You? _____

Describe Complaint: _____

Dubl Stik Compaint: _____

(3) OTHER REQUESTS FOR CREDIT

Describe reason: _____

PRODUCT INFORMATION

Product Name: _____

Thickness: _____

Cushion Color: _____

Sample Enclosed (Y or N): _____

Quantity Involved: _____

Carpet Manufacturer: _____

Carpet Quality: _____

(4) CUSTOMER EXPECTATIONS

Total Square Yards: _____

Material Cost: _____

Labor Cost: _____

Other Cost (Specify): _____

Total Amount: _____

(1) QUALITY COMPLAINT

Has customer had other complaints? (Y or N): _____

On this product? (Y or N): _____

Other products? (Y or N): _____

Describe Complaint: _____

(5) YOUR RECOMMENDATIONS

Your Signature: _____

(2) CONSUMER COMPLAINT

Consumer Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Date Installed: _____

Quantity Installed: _____

(6) MANAGEMENT APPROVAL

Approved (Y or N): _____

Amount: _____

Date: _____

Management Signature: _____

Comments: _____

Note: Enclose a copy of the consumer's invoice