Florim USA / ESQUIRE Quality Feedback Form

Please Fill Out Completely and Forward With Samples To:

Florim USA
Denise Roberts
300 International Blvd
Clarksville, TN 37040

CLAIM #

Office Use Only
Complaint No._____
Chargeback No._____
Date Reported_____

SECTION 1	TO BE COMPLETED BY DISTRIBUTOR

FILE DATE _____

Distributor: Jaeckle Wholesale, Inc.
Location: 4101 Owl Creek Dr. Madison, WI 53718 Phone: _____
Contact: _____ Fax: (608) 838-5342

Distributor's Cust.:_____
Address: _____ Wk Ph: _____
_____ Fax: _____
Cons. Name & Add. _____
City, State & Zip_____ Phone: _____

Nature of Complaint: _____

Item Number:_____ Date Purchased:_____
Product Name:_____ Qty Purchased:_____
Size/Color:_____ Date Installed:_____
Installed By:_____ Qty Installed:_____
Credit Requested: ☐ Yes ☐ No Qty With Problem:_____
Estimated Expenses:_____
TDI Invoice/Order Number:_____
Attachment (Check all that apply): ☐ Photos ☐ Samples ☐ Cartons

SECTION 2	TO BE COMPLETED BY INSPECTOR/SALES REP.

Inspected By:_____ Phone #:_____
Job #_____ Size Code: _____ Shade Code: _____
Type of Installation: ☐ Residential ☐ Commercial
Location: ☐ Interior ☐ Exterior
Surface: ☐ Floor ☐ Wall
Specific Room:_____
Mortar Used: _____ Grout Used:_____
Sealer Used:_____ Joint Size: ☐ 1/16" ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ Other_____
Substrate Type: ☐ Wood ☐ Concrete ☐ Mortar ☐ Backerboard
Recommended Resolution:_____

SECTION 3	(RESOLUTION OF COMPLAINT) TO BE COMPLETED BY LAB/SALES REP.

Accepted:_____ Not Accepted:_____
Material Only:_____ Other:_____
Material & Labor:_____
Comments:_____

** If Sections 1 & 2 are not filled out completely, claim will be denied.**