

**FLORIDA TILE INC.****Product Claim Request**

Salesperson _____ Send to: Dan Marvin

Quality _____ 1211 Alton Road, Lawrenceburg KY 40342

Claim Number: _____ Date of Claim: _____ 502 839 6911 Fax 502 839 9191

SECTION 1

Distributor/Branch _____	Location _____
Contact _____	Telephone _____
Consumer _____	
name _____	street address _____
city, state, zip _____	telephone _____
Installer _____	
name _____	street address _____
city, state, zip _____	telephone _____

SECTION 2 (product)

Color: _____ Shape: _____
 Shade: _____ Grade: _____
 Run #: _____ Invoice#: _____
 Pcs/Sq.Ft. Directly Involved: _____
 Pcs/Sq.Ft. Indirectly Involved: _____
 Samples/Labels/Invoice Submitted Y / N

SECTION 3 (installation)

Date of Installation: _____
 Professionally Installed: Yes No
 Type on installation: Residential Commercial
 Type of Room: bath kitchen family
 other (specify) _____
 Subfloor: wood slab other (specify) _____
 Additional Details: _____

SECTION 4 (reason for claim and comments/distributor information. Please be specific)

CATEGORY	DESCRIPTION OF PROBLEM
Shade _____	_____
Size _____	_____
Surface _____	_____
Packaging _____	_____
Other _____	RESOLUTION DESIRED BY CUSTOMER _____

SECTION 5 (inspection analysis)

DATE	NAME	FINDINGS	ACTION
_____ Distributor	_____	_____	_____
_____ Salesperson	_____	_____	_____
_____ Quality	_____	_____	_____
_____ Other	_____	_____	_____

SECTION 6 (lab analysis)

Test: _____
 Results: _____
 Recommendation: _____

SECTION 7 (manufacturing solution)

Approved Solution _____
 Approved by: _____ Date: ____ / ____ / ____ Other _____

Any questions or comments regarding your claim? Please call your Florida Tile Salesperson