



QUALITY CLAIM REPORT

Beauflor USA LLC, One Beauflor Way, White GA 30184
 aftersales@beauflor.us - toll free 877 362-5562

CLAIM FORM MUST BE FILLED OUT IN ITS ENTIRETY TO PROCESS CLAIM - PRINT CLEARLY

Claim Number: _____ **Distributor :** _____ **Date:** _____
Assigned by Distributor

Consumer Information:

Name: _____ Phone: _____
 Address: _____
 City: _____ State/Province: _____ Zip : _____

Retailer Information:

Name: _____ Phone: _____

Invoice & Product Information:

Invoice number: _____ Collection name: _____
 Distributor Purchase Date: _____ Product name & SKU: _____
 Total Sq. Ft. Purchased: _____ Number of Rooms: _____
 Total Sq. Ft. Involved: _____ Rooms Affected: _____

Installation Information:

Professionally installed? YES / NO Installer name: _____
 address: _____
 Subfloor: _____ Grade (on, above, or below) _____ Moisture Barrier (Y/N) _____
 Subfloor Flat & Level To Spec: _____ Expansion (Y/N) _____ Acclimation time _____
 Laminate Replaced in Past? _____ Underlayment brand/type _____

Reason For Complaint:

_____ Chipped Edges (T09)	_____ Pattern Misalignment (T14)	_____ Overwood (T03)
_____ Banana (T04)	_____ Delamination (T07, F19)	_____ Core Defects (T05)
_____ Defective T&G (T12)	_____ Underlayment Defects (A14)	_____ Gloss (T06)
_____ Squareness (T08)	_____ Surface Defects (T01)	_____ Cupping (T02)
_____ Wax Defects (A08)	_____ Aluminum Defects (A10)	_____ Transportation (T20)
_____ Squeaking (A02):	_____ Openings (T15):	_____ Other (A00)

Claim description

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Submitted by: _____

Claim request

\$.....Material \$.....Other (please specify below)
 \$.....Labor Claim total > \$

Please attach copies of all relevant distributor invoices



BerryAlloc Claims Dept use only:

**Samples
yes / no**

Decision	Credit Amount:	Signed: _____
..... Approved Material	
..... Denied Labor	Date: _____
 Other	
 Total	FC: _____ GL: _____