

WILSONART FLOORING CLAIM FORM

1. **Name of Claimant (Original Purchaser):** _____
Address: _____
City, State, Zip: _____

2. **Installation Location:** Address: _____
(if different from above) City, State, Zip: _____

3. **Claimant telephone number(s):** **Day:** (____) _____-_____
Evening: (____) _____-_____
Cell: (____) _____-_____
E-Mail: _____

4. **Flooring purchased from:** **Company Name:** _____
Company Address: _____
Telephone Number: _____

5. **Flooring Color/Pattern #:** _____ **Size/Square Foot:** _____ **Install Date:** _____

6. **Installation Information:**

Flooring installed as a: Residential Application ____ Commercial Application ____

Flooring installed in (room/ location): _____

Sub floor composition: _____ Type/ Name of Padding: _____

Adhesive Used: Yes ____ No ____

Please describe your flooring issue:

9. Please attach a copy of your original invoice. Original invoice is required in order to file a claim.

10. Please attach pictures, which demonstrate the issue.

I certify that the information provided Wilsonart is true and correct. I understand that I must provide complete and accurate information in order for Wilsonart to consider my claim.

Signature of Claimant: _____