

Send samples to:  
1211 Alton Rd., Lawrencebug KY 40342

**Section 1: Product Claim Information**

*To be completed by the sale representative or distributor, include pictures of carton label and defect with your submission*

Sale Representative \_\_\_\_\_

Distributor/Branch/Dealer Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact Information \_\_\_\_\_  
Name Phone Number E-mail Address

Customer Contact \_\_\_\_\_  
Name Phone Number E-mail Address

Address \_\_\_\_\_  
Street Address City State Zip

Invoice # \_\_\_\_\_ Installation Date \_\_\_\_\_

Material # \_\_\_\_\_ Professionally installed?  YES

Series Name \_\_\_\_\_ (applicable to thin tile)  NO

Color \_\_\_\_\_  N/A

Shade/Batch \_\_\_\_\_ Claim Quantity \_\_\_\_\_ Units

Description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired Resolution: \_\_\_\_\_

\_\_\_\_\_

Credit Request

Material \$0.00 Labor \$0.00 Freight \$0.00 Total Credit Value \$0.00

**Section 2: Claim Test Report**

*To be completed by Quality and Technical Services Manager*

Claim # \_\_\_\_\_ Date \_\_\_\_\_

ANSI Spec. \_\_\_\_\_

ASTM Test \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

**Section 3: Claim Evaluation**

*To be completed by Quality and Technical Services Manager*

Approved Material

Approved Labor Credit

Approved Freight Credit

Reject Product Claim

Return to NDC via RGA

Return to Dist./Branch/Dealer

Dispose

Other Resolution: \_\_\_\_\_

\_\_\_\_\_

8/14/2017

Quality and Technical Services Manager

Date

