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|  <p>SOUTHWIND CARPET & HARD SURFACE</p> <p>Return Address: 3900 W. 34th St. N Sioux Falls, SD 57107</p> <p>Phone: (800)353-3080 Fax: (605)336-3043 Email: info@tsf.com</p> | Submitted by: | Detailed Complaint Description: |
| | Tel/Fax: | |
| | Contact: | |
| | Date Complaint: | |
| | Your Ref #: | Moisture Tests: Yes or No _____ |
| | SF involved or SY involved in complaint: | Moisture Readings: _____ |
| | | Repairs: Yes or No _____ If Yes |
| | Original Invoice #: Pallet # or Roll #: | What Type of Sample Submitted: _____ Required to process claim |
| Account# | | product sample _____ picture _____ |
| Retailer Name and Address | Style & Color: Date Installed: | Photos should be at least 4X6 - E-mail to info@tsf.com |
| Contact: | Carpet or LVP: Rooms Installed In: | Amount claimed for material \$ _____ |
| Tel: | Type of Underlay/Pad/ Adhesive used: | Amount claimed for labor \$ _____ |
| Fax: | Type of Subfloor: Acclimation Time: | Amount claimed for Misc Exp \$ _____ |
| E-mail: | | Total for Claim \$ _____ |
| Consumer Name and Address(optional) | Type of Installation | Detailed Labor Cost: Please Attach An Itemized Breakdown And Invoice From Installer (mandatory to process claim) |
| Home Tel: | Glue Down _____ Loose Lay _____ | |
| Business Tel: | Loose Lay _____ Full Spread _____ | |
| Original Purchaser/Owner Occupied _____ | Stretched In: _____ Type of Pad: _____ | |
| | Trowel Size _____ Roll or Trowel _____ | Miscellaneous Expenses (explain): |
| | Professional Install _____ DIY _____ | |
| <p>Please note: All manufacturing defect claims must be accompanied by a sample or picture which clearly shows the damage / defect. Please allow up to 30 days for resolution to all claims. Southwind Carpet & Hard Surface reserves the right to adjust labor rates to reasonable / customary rates for any specific area. Form must be filled out completely, including account and invoice numbers or resolution may take longer than 30 days.</p> | | |

For Legacy Floors by Southwind Use Only

Date Claim Received _____ Assigned Claim # _____ Approved _____ Declined _____ Date Resolved _____

Additional Information Requested on _____