

Instructions: A copy of your original invoice, a sample or pictures of the product in question and a copy of your labor bill **must be submitted** along with this form to initiate a claim. Your claim will not be processed until TSF receives these items.

The following is to be filled out by TSF retail customer.

Today's Date _____ Retail Store Name _____

Retailer Contact _____

Phone _____ Email _____

Consumer Name _____

Phone _____ Email _____

Consumer Address _____

City _____ State _____ Zip _____

Product Information:

Installation Date _____ Type of Room _____

Adhesive Used _____ Cleaners Used _____

Type of Sub-Floor _____ Product Acclimation Time _____

Floor Prep Completed _____ Moisture Test Type & Results _____

Was the Floor Rolled: Yes No Grade: On Above Below

Complaint and Resolution:

Reason for Complaint

Brief Description of Requested Resolution

Date of Purchase _____ TSF Invoice Number _____ Manufacturer of Product _____

Description of Product _____ Affected Square Yards/Square Feet _____

Retailer Check List:

- Complete Claim Initiation Form**
*Email to info@tsf.com
or fax to 888.336.3043.*
- Send Sample or Photo of Defective Product**
*Photos showing the concern,
the substrate under the lifted samples,
and/or showing entire affected area.*
Send Defective Samples to:
Tri-State Flooring
Attn: Claims Department
3900 W 34th Street North
Sioux Falls, SD 57107
(Include your Store Name on Sample)
- Copy of Original Invoice**
- Copy of Labor Bill**