

Unique Carpets, Ltd. Claim Form

Dealer Name: _____
Address: _____

Claim Date: _____
Invoice #: _____

Consumer's Name: _____
Address: _____

Phone No: (____) _____
Date Installed: _____

Consumer's Complaint: _____

Date of Installer's Inspection: _____

Dealer's Finding's: _____

(Rep Use Only) Date of Mill Re's Inspection: _____

Mill Rep's Findings: _____

(Mill use only) Action Taken: _____

