

GODFREY HIRST NORTH AMERICAN CLAIMS

ABN 58 000 849 758



Email to: northamerica.claims@godfreyhirst.com
or fax to: 800.480.7135

Claim# _____

Invoiced Name: _____ Account # _____

Date: _____ Acct. Contact: _____ GHUSA: _____

Telephone: _____ FAX: _____

Agent: _____

Invoice # _____ Date: _____ Inv. Amount \$: _____

Consumer's Name: _____ Contact: _____

Address: _____ City: _____ State: _____

ZIP: _____ TEL: _____

Product Information

Product Name: _____ : Color _____ Color # _____

Feet: 12/13.2x _____ Feet Involved in Claim: All / _____

Roll Number: _____

Condition of Carpet now: Installed/Cut/Uncut _____

Description of problem: _____

ACTION PLAN- to be completed by GH

Claim # _____

Claim Validation: Approved / Rejected GHUSA: Date: _____

Fault Code: _____ Return Carpet? Yes / No RA# _____

Allowance \$ _____

MEMO:
