



CARPET CONCERN FORM: Please print out and complete form, it is required to process your claim. Fax the completed form to Teresa Jefferson fax# 678-605-9199

GENERAL INFORMATION

Date: _____

Customer Name and Account _____

Submitted by _____ **Contact Name** _____

Contact Phone Number _____ **Contact email** _____

Address _____

City _____ **State** _____ **Zip** _____

Project Name _____

Address _____

City _____ **State** _____ **Zip** _____

Project Contact Name _____ **Phone Number** _____

SPECIFIC INFORMATION

JMish Invoice # _____ **Invoice Date** _____ **Roll #** _____

Style _____ **Color** _____ **Width** _____ **Length** _____ **Sq. Yds Involved** _____

Freight Line/Carrier _____ **Were materials received in good condition?** Yes ___ No ___

If no, Please specify condition: _____ **Was it noted on bill of lading** Yes ___ No ___

Has carpet been installed? Yes ___ No ___ **If yes, please answer the following:**

Installation Date _____

Type of Installation :

Residential : Bedroom ___ Living Area ___ Basement ___ Other _____

Commercial/Hospitality: Rooms ___ Hallway ___ Meeting Room ___ Restaurant ___ Other _____

Traffic: High ___ Moderate ___ Low ___

Type of Pad/Cushion: _____ **Seam Sealer/Seaming Tape** _____ **Power Stretcher** _____

Type of Vacuum used _____

Has the carpet been cleaned? Yes ___ No ___ **If yes, how many times?** _____

By whom and/or cleaning method used? _____

Is a sample of carpet and pad available? Yes ___ No ___ **Can pictures be submitted?** Yes ___ No ___

Additional Comments: (Why do you feel this is a manufacturing problem?) When was this condition first noticed?

Jmish Notes:

