

Carpet Cushion Claim Form / Credit Request Form

Please note: All Claims must be submitted to Claims Department by Domfoam Personnel Only



Today's Date: _____ Customer Claim/DM #: _____

Sold to Account #: _____ Ship to Location: _____

Customer Name: _____ Claim Reported By: _____

Phone Number: _____ Email: _____

Order#: _____ Inv #: _____ Inv Date: _____

Consumer Name: _____

Address of Installation: _____

Consumer Phone #: _____ Alternate Phone #: _____ Product Code: _____ Product Name: _____

_____ Gauge/Oz weight: _____ Size of Defective Material (# of Sq. Yds.): _____

Product Installed? Y N Date of Install: _____ Date of Complaint: _____

Room(s)/Area(s) Where Installed: _____

Nature of Complaint: _____

Sample enclosed?: Y N If no sample, can one be obtained? Y N Date Code Visible on sample? Y N

Estimated Value of Claim (Material \$ value or Total # of Sq. Yds.): _____ Inspection Required? Y N

Salesperson submitting Claim: _____

Salesperson Signature Required

Claims Department: Internal Use Only

Domfoam Claim #: _____

Assigned to Inspection Company: _____ Date Assigned: _____

Inspection Report Received- Date: _____ Salesperson Notified: _____

Request for Credit:

Reason Code: _____ Prod. Code: _____ Qty: _____ UOM: _____ Price: _____

Reason Code: _____ LABOR / Misc. (if applicable) Price: _____

Mail CM to Cust?: Y N Chargeback #: _____ Total CM Amt: _____

Message for CM: _____

Prepared by: _____ Date: _____

Signature Required

Approved by: _____ Date: _____

Corporate Billing Department: Signature Required