



Today's Date: _____

Customer Name: _____ **Address:** _____

Contact Name: _____

Telephone#: _____ **Email:** _____

End User/Consumer Name: _____ **Address:** _____

City / State: _____

Cell#: _____ **Email:** _____

Work#: _____

Product Installed: _____

How was the product installed? Nailed Glued Floated

Quantity Installed: _____

Quantity Involved in Complaint: _____

Date problem noticed by end user: _____

Date Installed: _____ Moisture Reading: _____ Humidity Reading: _____

Date Inspected: _____ Moisture Reading: _____ Humidity Reading: _____

Type of subfloor: _____

Room(s) where material was installed: _____

Gilford-Johnson Flooring Invoice# on material: _____

Do you have pets? If so what kind? _____

Describe problem reported by end user/consumer:

*Multiple pictures and a detailed labor bill are required in order to complete processing of your claim. Please submit as soon as possible.

ATTN: Quality Assurance

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