

Linco

Distributor Name: Dealers Supply	Retailer Name:	
Address: PO Box 2628, Durham, NC 27715	Address:	
Phone No: 800-776-6655	Phone No:	
Fax No: 800-249-6655	Fax No:	
Email Address: claims@dsx.com	Email Address:	
Installer Name	Delivery Date to Job Site:	
Address:	Installation Date:	
Phone No:	Date Problem Noticed:	
Consumer Name/Phone No:	Dealers Supply Invoice:	
Address:	Linco Inspection Date:	
	Linco Invoice Number:	
	Linco Item No:	
	Total Sq Ft: Sq Ft Affected:	
Nature of Complaint:		
What is the Dealer or Consumer Requesting?		
Job Type:		
Residential	Light Commercial	Heavy Commercial
New Construction	Remodeling	

Installation Areas:

General Condition of the Floor: Excellent Good Poor		Humidification System: Yes No	
Damage Caused By: Water Poor Maintenance Excessive Wear High Vapor Emissions Heels Dry Conditions Insects		Room Temp: Relative Humidity: Forced Hot Air: _____ Hot Water Baseboard: _____ Electric Baseboard: _____ Radiator Heat: _____ Radiant Heat: _____	
Grade Type: On Above Below		Flooring Installation Method: Glue Down; Adhesive Used: Nail Down; Type, Length and Spacing: Floating	
Sub Floor Type: Plywood OSB Concrete Slab			
Vapor Retarding System: Yes No Type:		Moisture Test At Time of Inspection: Floor Results: Subfloor Results:	
Expansion Space: (Along perimeter edges) Yes No Results:		Moisture Tests Performed Before Installation Of Wood Flooring: (From Installer) Yes Results: No Sub Floor: Yes Results: No	
Subfloor Evenness – vertical deflection Yes No Results:		Breaks for Relief : Yes No	
Longest Flooring Expanse in inches – Width x Length :			
Maintenance Details : Please specify how product is cleaned below:			

Please download claim form and email completed form to claims@dsx.com.