



Montage Floors Claim Form

Date:

Please tell us about your company:

Company Name:

Contact Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone #:

E-mail Address:

Please tell us about your purchase:

Style Name:

Color:

Date Purchased:

Has the floor been installed? Yes No

Date Installed:

Square Feet Installed:

Square Feet Affected:

Distributor Invoice Information:

Distributor Name:

Dealer's Supply

Distributor to Retailer Invoice #:

Distributor to Retailer Invoice Date:

Dealer's Supply Will Provide

Montage to Distributor Invoice #:

Dealer's Supply Will Provide

Montage to Distributor Invoice Date:

Dealer's Supply Will Provide

Please tell us about your issue:

When was the problem first noticed?

Please describe the problem:

Retail Store Contact Information:

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone #:

E-mail Address:

Consumer Contact Information:

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone #:

E-mail Address:

Installation Information:

How was the floor installed?

Type of adhesive used:

What is the subfloor?

What is the floor installed directly over?

Who installed the flooring?

How is the flooring maintained?

What rooms are the flooring installed in?

- | | | |
|-------------|----------------|----------------|
| 1 Bedroom | Foyer/Entryway | Breakfast Nook |
| 2 Bedrooms | Hallway | Basement |
| 3 Bedrooms | 2+ Hallways | Bonus Room |
| 4+ Bedrooms | Kitchen | Laundry Room |
| Dining Room | Stairs | Pantry |
| Living Room | Office/Den | Other |
| Sun Room | Closet | |

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