



Carpet Complaint Information Form: This form is required to process your claim. Please complete and fax or e-mail the completed form. This is an "Adobe PDF fill-in-form. Either chose to print the bland form or fill-in the fields before printing/submitting.

Today's Date:

Did you already contacted anyone at AUREUS regarding the problem? Yes No

If yes, name of representative:

When did you contact this representative?

What were you told?.....

GENERAL INFORMATION:

Dealer/Distributor

Address:

City:..... State:..... Zip:.....

Contact Name: Phone Number ().....

Consumer's name:

Address:

City:..... State:..... Zip:.....

Contact Name: Phone Number ().....

SPECIFIC INFORMATION:

NW Invoice # Invoice Date: Roll # Style:

Color: Width: Length: Type of Installation:

Sq. Yds. Involved:..... Installation Date:..... Complaint Date:

Type of Vacuum used: Frequency used:.....

Installation is at (check one) Office School Church Home Other

Traffic (check one) High Moderate Low

Type of Pad: Seam Sealer:..... Power Stretcher:

When was this condition first noticed?.....

Had this carpet been cleaned? Yes No If Yes, how many times?.....

By whom and/or cleaning method used:.....

Is a carpet and pad available: Yes No Can pictures be submitted? Yes No

Is an inspection needed? Yes No

Additional Comments: (Why do you feel this is a manufacturing problem?).....

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