CHAIRMAT CUSTOMER CLAIM FORM

Please note:
1. All customer claim forms should be faxed or submitted online.
2. All customer claims must be submitted to Deflecto on this form.
3. Claim forms must be received by Deflecto no later than 10 business days from receipt of product.
4. All claims will be researched and verified by Deflecto prior to further action being taken.

Customer Name:	
Account Number:	
Date:	

Contact Name:	
Phone Number:	
FAX Number or email:	

CLAIM CODES*			
Overage	O	Defective*	DF
Shortage	S	*DF/A--Product damaged/Cracked Mat	
Transit Damage	TD	*DF/B--Product damaged/Dimpled and won't go away	
Concealed Damage	CD	*DF/C--Damage to packaging	
Pricing	P	*DF/D--Item broken out of box	
Warranty	W	*DF/E--Incorrect color	
Other	OT	*DF/F--Incorrect size	
		*DF/G--Other	

Internal Use Only		
Authorized Customer Service Representative:		
Customer Service Comments:		
Pick Ticket		POD Verified?
Ship Date		
Carrier		
Pro #		

Please list the following information:

P.O.#	Order #	Claim Code*	Invoice #	Item #	Quantity	Qnty. Defective	Price/Unit	Total$
								$0.00
								$0.00
								$0.00
								$0.00
							Grand Total	$0.00

Please fill out questions below to help us better understand defective issues:

What is the pile thickness of your carpet _____Commercial _____Low _____Medium _____High
Does your carpet have padding _____Yes _____No
What type of casters does your chair have? _____Soft wheel _____Hard wheel
What is the approximate weight placed on the chairmat? _____Under 100# _____101-150# _____151-200# _____201-250# _____251# and higher
How long has the mat been in use? _____
Do you have radiant floor heat? _____Yes _____No
Number of hours per day used: _____
Days per week in use: _____

Please list any comments: _____
_____
_____
_____

(Deflecto Accounting Use Only)
Reference #:_____Notes:_____

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