

Thank you for taking the time to complete this form. We appreciate your attention to detail. This process improves our quality of service to you.

Once complete, retailer must send all required documents to [claims@bellaflooringgroup.com](mailto:claims@bellaflooringgroup.com)

## Retailer Information

\_\_\_\_\_  
Retailer Business Name

\_\_\_\_\_  
Retailer Account Number

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

## Logistics Information

\_\_\_\_\_  
Carrier Name

\_\_\_\_\_  
Date of Pickup & Delivery

\_\_\_\_\_  
Address

\_\_\_\_\_  
Building #

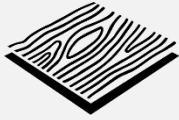
\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email



## Material Information

\_\_\_\_\_  
Product Style Name & SKU

\_\_\_\_\_  
Consumer Purchase Date

\_\_\_\_\_  
Sq. Ft purchased by Consumer

\_\_\_\_\_  
Product Installation Date

\_\_\_\_\_  
Date Problem Noticed

\_\_\_\_\_  
Sq. Ft or # Of Cartons Defective

## Substrates

Subfloor Type (Plywood, OSB, Concrete etc.)

\_\_\_\_\_

Subfloor Location (Circle One)

- Above
- On Grade
- Below Grade
- Mixed

Underlayment Type

- Foam
  - Felt
  - Other
- \_\_\_\_\_

Moldings Used? YES | NO

If YES, what type?

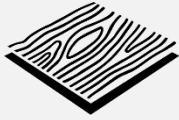
## Contractor Costs?

- None
  - Yes, reimbursement needed  
**Please provide invoice**
- \_\_\_\_\_

Cost of Labor

## Installation Method

- Floating
  - Staple, Cleat
  - Loose Lay
  - Glue Down
  - Other
- \_\_\_\_\_



## Invoice Information

\_\_\_\_\_  
Invoice Number

\_\_\_\_\_  
Invoice Date

## Customer Complaint

What issue is the customer reporting? Please provide all relevant information.

### Type of Issue

Residential | Commercial

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**Additional items may be required such as a labor bill, inspection reports, or sample of product etc.**

**For Bella Flooring Group to process this claim, we require ALL the following items.**

This completed claim form | Copy of Invoice | Two pictures of entire room

4 close-up pictures | Two pictures showing usage of moldings

Affected Product Sample (If Applicable)

Thank you again for your attention to detail on this form. Please print, sign, and date below.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date