PATRIOT MILLS

Claim #

Account Name

Account# Claim Date

Instructions: Please complete gray sections 1 through 4. The blue sections are for Patriot Mills use only.

Section 1

Account Name

Address

City

State Zip

Phone

Email

Section 2

Consumer Name

Address

City

State Zip

Phone

Email

Section 3

Product Pattern# Invoice#

Color Color# Invoice Date

Defect Size (WxL)(feet) Roll# Install Date Invoice Amount $

Section 4

Reason for claim

CUSTOMER CLAIM REQUEST

Carpet:

Freight*:

Labor*:

TOTAL CLAIM

*Attach copies of freight and labor bills.

CLAIMANT NAME & SIGNATURE

Name (printed)

Signature Date

This section is for Patriot Mills use only

AUTHORIZED AMOUNT

Carpet:

Freight*:

Labor*:

TOTAL CLAIM

Inspector Name Inspection Date

Authorized by Date

NOTES