## How to File a Claim

If in the unlikely event that you ever need to file a claim on a floor, please make sure that the claims for warranty filed must be made in writing within the warranty coverage period. The original purchase receipt as well as the written job site pre-installation documentation, including <u>Sub-Floor Moisture Records</u>, <u>Claim Form for Hardwood Flooring</u> must accompany all claims. Also please include <u>photographs</u>, if any, of the failed floor.

Claims for warranty can be filed first with the ALSTON INC. authorized Dealers/Retailers where the original purchase was made within 30 days after any defects has been detected. If the retailer is unable to satisfy the claim, please contact ALSTON INC. in writing at:

## ALSTON INC.

Customer Service Department (Claim)
21491 Ferrero Pkwy City of Industry, California 91789

\*ALSTON INC. reserves the right to have samples removed from job site for technical analysis and to have our representative inspect the site to determine the cause of the failure.

Our telephone number is: (909) 287-0668 Email: info@AlstonInc.com

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## **CLAIM FORM FOR HARDWOOD FLOORING**

If in the unlikely event that you ever need to file a claim on a floor that you have installed, please do the following.

- 1. Personally inspect the floor before contacting ALSTON INC.
- 2. If there is a problem that you feel is not related to installation, contact your sales representative.
- 3. Fill out the form below, and Email it to <a href="mailto:info@alstoninc.com">info@alstoninc.com</a> along with a copy of your <a href="mailto:Original invoice">Original invoice</a> and <a href="mailto:Moisture Test Record">Moisture Test Record</a>.
- 4. Please take pictures of the problem floor and email them to **ALSTON INC.** for our record.
- 5. You will promptly be called to set up an appointment for an inspection. A representative from your company must accompany our inspector at the inspection.

Company Name:	Date:
Contact Person:	Alternate Contact:
Address:	Original Invoice #:
City: St.: Zip:	Delivery Date:
Phone #:	Installation Date:
Customer Name:	Name of Product:
Address:	Type of Installation:
City: St.: Zip:	Type of Sub-Floor:
Phone #: Work #:	Was a moisture barrier used:
Date problem was noticed:	Type of moisture barrier:
What was the Name of the Glue used on the project? If any:	
Please briefly describe the problem with the floor:	
Please describe what was done by your company before contacting us:	

## ALSTON INCORPORATED

<sup>\*</sup>Please be sure to include a copy of the **Original Invoice** and **Moisture Test Record**