

INSPECTION REQUEST FORM

Today's Date: / /

IMPORTANT

The retailer must first look at consumers complaint at the job site. Should the retailer feel the complaint is valid and falls under Simba's warranty, fill out this Inspection Request Form.

E-mail to: info@simbaflooringcorp.com or Fax to: 604.285.9875

Or mail to: Simba Flooring Corp Claims Department 140-2368 No 5 Rd, Richmond, BC V6X 2T1.

Please provide pictures clearly showing floor / area in question along with this form.

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	ľ	ETAILER INFORMATI	please fill out completely	
Retailer	÷			
Address	¥			
City	Ť.	Prov	vince: Zip	
Phone #	3	Fax # :		
Store's Email	1	Simba's Account # :		
Contact Persor	n 🛔			
Simba's Account Manager :			Simba's Invoice #	
Product Description			Date of Sale	
			·	
	II.	ISTALLER INFORMAT	TON	
☐ Do It Yourself	Professionally Installed	d Name		
☐ Installer Provided by Customer	Phone #:	Installer #:	Date of Installation:	
'				
HOME OWNER INFORMATION				
Name	£			
Address	Ĕ			
City	£)	Provi	vince : Zip ;	
Phone #	:	e-m	mail :	
	RETAILERS	INSPECTION REPOR	$oldsymbol{RT}$ if necessary use additional sheet and attach to this form	
Date of Inspec	tion ; Ins	spected by:	Floor Completely Installed: Yes No	
Square Footage	e Involved: Pr	oblem Location:		
Customer's co	mplaint :			
Inspector's fin	dings :			
	To avoid possible delays in p	rocessing your claim, please fill	ll out completely and accurately.	
l certify	If you have any questions or need	l assistance filling out this form,	ll out completely and accurately. n, please call your Account Manager. given on this form is true and correct.	

Signature: Print: Date: