

Armstrong Flooring™

Product Claims	
*Customer Name	*Material Information
Street:	Product Model Number:
City, State, Zip Code:	Product Name:
Phone:	Quantity Installed:
*Retailer Name:	Quantity Uninstalled:
Street:	Installed Date:
City, State, Zip Code:	Reported Date:
Phone:	Additional Information * The following information is not required, but will assist in expediting your claim
*Distributor Name:	Roll / Run number:
Original Invoice:	Room Installed:
Replacement Invoice:	Adhesive:
Estimated labor:	Subfloor flatness:
Submit via WAP? Yes No	Moisture reading:
WAP Code	Temperature:
*Describe the problem observed, details of complaint, & requested resolution:	

***Sections marked with an asterisk are required**