Joy Life Claim & Inspection Require Form

The dealer need check job site first and feel the complaint is valid the Joy Life's warranty, then fill out this form and send Email to: ming@jltilestone.com

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| Dealer’s information |  |  |
| Name: |  |  |
| Address: |  |  |
| Contact information: |  |  |

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| --- | --- |
| Purchase information |  |
| Joy life's Invoice number: |  |
| Purchase Date: |  |
| PO Number: |  |
| Item Number: |  |
| Quantity: |  |
| Unit price: |  |
| Total Amount: |  |

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| Home Owner Information |
| Name: |
| Job Address: |
| Contact information: |
| Job Size: |

Daily maintain:Used Bleaches,detergent based cleaners,ammonia,abrasive & shine products etc. to clean flooring(Yes or No):

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| Installer Information |
| Name: |
| Work License Number: |
| Contact information: |
| Installation date: |

Subfloor leveled even (Yes or No):

Lay 6 mil Moisture Barriers (Yes or No):

Installed cabinets,island etc.heavy items on flooring(Yes or No):

1/4”Gap at all vertical obstructions(Yes or No):

Quarter round or Trim hold flooring too tight or not:

Quarter round or Trim nail on wall or floor:

Flooring can move freely underneath of baseboards and Quarter round(Yes or No):

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| Dealer Inspection information |
| Inspector Name: |
| Inspection Company: |
| Location: |
| Inspection Date: |
| Square footage involved: |
| Involved: |
| Customer's Complaint: |
| Inspetor's finding: |

I hereby understand that this form will be reviewed for compliance with requirements for all products used including but not limited to warranties, care & maintenance, and installation. Furthermore, I understand that Joy Life Building Supply reserves the rights outline in the product warranty as well as, but not limited to, the right to inspect and document the cause for any claim including collection information, photographs, samples, documentation of the installation, and any applicable inspection reports and testing as deemed necessary or the product warranty is null & void. I also understand that any repairs done prior to the completion of inspections by Joy Life Building Supply representative, or a third-party inspector authorized by Joy Life Building Supply, will void any warranty. I acknowledge that if the defect is non manufacturing related, I will be responsible for the inspection fees. I understand this form is for the sole purpose of requesting warranty service and does not guarantee coverage or any other settlement. I certify that the information provided above is true and correct. I certify that I have read and agree to all terms in this agreement.

Company Name:

 Authorized Name:

 Authorized Signature:

 Date: