



PRODUCT CLAIM FORM
Iris U.S.

File # (Internal Use): _____

▼ SUBMITTED BY ▼

Name: _____

Sales Rep. Name: _____

Location: _____

Phone #: _____

Date Reported: _____

▼ CUSTOMER / SALES INFORMATION ▼

End User / Job Name: _____

Customer Acct. #: _____

Sold To: _____

Jobsite Address: _____

Purchase Order #: _____ Date: _____

Email: _____

Iris U.S. Invoice #: _____ Date: _____

▼ PRODUCT DETAIL (fill in blanks OR attach box label) ▼

Item Code: _____ Shade #: _____

Where is the material now?

Jobsite Distributor

Product Size: _____ Product Description: _____

Other: _____

Item Code: _____ Shade #: _____

Product Size: _____ Product Description: _____

▼ INSTALLATION DETAIL ▼

CIRCLE ONE

Date of Installation: _____

Not yet installed Material in Inventory

Total Job Footage: _____ Total Footage of Disputed Tile: _____

Partial Installation

Product Application (Circle): Countertop Floor Wall Other: _____

Job Site(Circle all that apply): Commercial Residential Interior Exterior Light Duty Heavy Duty

Grout type (Circle): Sanded Unsanded Epoxy Other: _____

Job Site Visited By: _____

Date Visited: _____

▼ CLAIM DETAIL ▼

Problem Type (Circle): Shading Mounting Wedging(Out of Square)

Details of Samples Sent: _____

Glaze Defect Warpage(Bowing) Sizing Staining

Other (please describe): _____

Pictures Sent? Yes No

Labels Sent? Yes No

If Additional Detail is Required Please Attach Letter

All Materials Must be Forwarded to Product Complaints Dept. together in ONE Package with this Form

▼ RECOMMENDATIONS FOR RESOLUTION ▼

Customer Suggestion: _____

Sales Person Suggestion: _____

Final Resolution: _____

Cost to Resolve: Labor: _____

Material: _____

Total: _____

Issue Credit Memo / Check To: _____

SHIP THIS FORM AND PACKAGE TO:

Iris U.S.

Attn: Technical Services Dept.

238 Porcelain Tile Dr.

Crossville, TN 38555

Email pictures to: techservices@stonepeakceramics.com