



Since 1996

ALSTON INC.

Quality . Beauty . Longevity .TM

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 **Sub-Floor Moisture Records, Claim Form for Hardwood Flooring** must accompany all claims. Also please include **photographs**, 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)

13980 Central Avenue

Chino, California 91710

*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

Our fax number is: (909) 287-0698

ALSTON INCORPORATED

13980 Central Avenue • City of Chino, CA 91710 • U.S.A. • Tel (909) 287-0668 • Fax (909) 287-0698

www.AlstonFlooring.com

www.AlstonInc.com

www.AlstonCarvings.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 fax it to **ALSTON INC.** at (909) 287-0698, along with a copy of your original invoice.
4. Please take pictures of the problem floor and mail 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 #: _____ Fax #: _____

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: _____

Fax this form to: (909) 287-0698

Please be sure to include a copy of the **Original Invoice** and **Moisture Test Record**

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