



# TRI-STATE WHOLESALE FLOORING, INC.

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## TSF Claim Initiation Form

The following to be filled out by TSF retail customer:

Date: \_\_\_\_\_  
Claim Initiation Date

Retailer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Address: \_\_\_\_\_  
City State Zip

Reason for Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Purchase: \_\_\_\_\_ TSF Invoice Number: \_\_\_\_\_

Manufacturer of Product: \_\_\_\_\_ Description of Product: \_\_\_\_\_

**Instructions: A copy of your original invoice, a sample of the product in question and a copy of your labor bill must be submitted along with this form to initiate a claim. Your claim will not be processed until TSF receives these items.**

### Retailer Check List:

Claim Initiation Form: \_\_\_\_\_  
Fax or Mail to Don Gaddis (888-336-3043)

Sample of Defective Product: \_\_\_\_\_

Copy of Original Invoice: \_\_\_\_\_

Copy of Labor Bill: \_\_\_\_\_