



# International Wholesale Tile, LLC

# MATERIAL CLAIM FORM

Claim Number: \_\_\_\_\_

**Pictures of all box labels as well as material demonstrating the issue must be provided to IWT-Tesoro Sales Support with this form: [Support@iwtttesoro.com](mailto:Support@iwtttesoro.com).**

**ALL FIELDS MANDATORY:**

Customer Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

IWT Order #: \_\_\_\_\_ IWT Invoice #: \_\_\_\_\_

Customer PO: \_\_\_\_\_ Claim Date: \_\_\_\_\_

Builder, Sub-division, Lot No.: \_\_\_\_\_

Contact Name, Phone, Email: \_\_\_\_\_

Product: \_\_\_\_\_ Color: \_\_\_\_\_

Size(s): \_\_\_\_\_ Shade(s): \_\_\_\_\_

Subfloor: \_\_\_\_\_ Grout Joint Size: \_\_\_\_\_ Setting Material: \_\_\_\_\_

Quantity: \_\_\_\_\_ Date of Install: \_\_\_\_\_

Leveling System Used: Y / N Type of System: \_\_\_\_\_

**DESCRIPTION OF POTENTIAL CLAIM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Please attach any inspector's report to this document. Labor claims must be submitted separately, all material and labor needs to be itemized. If material is to be returned, replacement material will be invoiced and credited upon approval and upon return of claimed material in good condition. If a claim is to be paid, a credit will be issued only to IWT's customer. IWT reserves the right to deny any claim on defective or uninspected, i.e.: shades or sizes, material that has been installed as use constitutes acceptance.**

**\*\*\*If the final results of the inspection specifies that the installation process is the sole reason for the claim, IWT reserves the right to charge all expenses pertaining to the claim to the company submitting the claim.**

**INTERNAL USE ONLY:**

Material Replacement: Y / N Amount of Material: \_\_\_\_\_

Labor Consideration: Y / N Labor Amount: \_\_\_\_\_

Return Material to IWT: Y / N Factory Claim: Y / N

Claim Received By (IWT Representative): \_\_\_\_\_

## **International Wholesale Tile, LLC Inspection Request**

I hereby formally request an inspection by a certified third party inspector in regards to the claim filed on order/invoice (circle one)\_\_\_\_\_.

I authorize International Wholesale Tile, LLC (IWT) to arrange the inspection on my behalf and agree to pay IWT the sum of five hundred dollars. I understand and agree that this payment is non-refundable should the inspection find that the product on which this claim is filed is within industry standards.

Inspection site address and contact information:

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NAME

PHONE NUMBER

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STREET ADDRESS

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CITY

STATE

ZIP CODE

**THE UNDERSIGNED HAS READ AND UNDERSTANDS THE TERMS OF THIS INSPECTION REQUEST, AND CERTIFIES THAT THEY ARE AUTHORIZED TO APPROVE AND ABIDE BY THESE TERMS:**

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SIGNATURE

DATE

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PRINTED NAME AND TITLE