



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.

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.

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