



**Please submit photos of ALL areas of concern with the claim form**

**Account#** \_\_\_\_\_

**Dealer Name:** \_\_\_\_\_

**Dealer Address:** \_\_\_\_\_

\_\_\_\_\_

**Consumer Name:** \_\_\_\_\_

**Consumer Address:** \_\_\_\_\_

\_\_\_\_\_

**Consumer Phone#** \_\_\_\_\_

**Invoice or PO#** \_\_\_\_\_

**Invoice Date:** \_\_\_\_\_

**Roll# (s)** \_\_\_\_\_

**Roll Size (s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Style:** \_\_\_\_\_

**Color:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Size(s) involved on complaint:** \_\_\_\_\_

**Complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Carpet Installed?** YES / NO

**Installation Date:** \_\_\_\_\_ **Installation Method:** \_\_\_\_\_

**Cleaning Record:** \_\_\_\_\_ **Dates & Methods:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Installation is: Hotel                      Ballroom                      Casino                      Office                      Home                      Other

When was condition first noticed? \_\_\_\_\_

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

**All Claims Must Be Submitted to The Claims Department**

**Fax: 706-275-8468**

Keri Weeks – [keri.weeks@lexmarkcarpet.com](mailto:keri.weeks@lexmarkcarpet.com) (Lowes / Home Depot / Residential - Central/East Coast)

Kerry Bryant – [kerry.bryant@lexmarkcarpet.com](mailto:kerry.bryant@lexmarkcarpet.com) (Residential / West Coast)

Candy Jones – [candy.jones@lexmarkcarpet.com](mailto:candy.jones@lexmarkcarpet.com) (Tech Support / Hospitality)

For questions or comments please contact Lexmark Carpet Mills, Inc. Claims Department toll free at  
1-800-871-3211 or by fax 706-275-8468

**\*\*\*All Claims Must Be Approved by The Claims  
Department Before Replacing Any Carpet\*\*\***

**Warranty information can be found at the link below:**

**<http://www.lexmarkliving.com/Residential-Warranty>**

**<http://www.lexmarkhospitality.com/Warranty>**