

H.M.S. Enterprises Inc.,
After Sales Service Form



CLAIM #
DATE RESOLVED

Complete appropriate sections below. Please include copy of sales ticket.

SECTION I

Please complete ALL of this section.

STORE NAME	SALESPERSON	DATE OF SALE	HMS P-NUMBER
MANUFACTURER	STYLE NAME & #	COLOR NAME & #	MANUFACTURER ROLL #
SIZE RECEIVED	SIZE INVOLVED	CUSTOMER TICKET #	

SECTION II

Please complete this section ONLY if carpet is installed.

CONSUMER NAME	TELEPHONE #	CELL #
ADDRESS	CITY	STATE ZIP EMAIL
DATE INSTALLED	DATE OF COMPLAINT	DATE INSPECTED
TYPE OF INSTALLATION <input type="checkbox"/> Loose Lay <input type="checkbox"/> Stretch-in <input type="checkbox"/> Glue Down		
AREAS OF COMPLAINT (ROOMS INVOLVED)		PAD USED
PAD WEIGHT		
TRAFFIC: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Extra Heavy	PETS IN HOME? HOW MANY?	CHILDREN IN HOME? HOW MANY?
CARPET CLEANED? <input type="checkbox"/> Yes <input type="checkbox"/> No	CARPET CLEANED BY? <input type="checkbox"/> Professional <input type="checkbox"/> Consumer	NAME OF PROFESSIONAL CLEANER
PROFESSIONAL CLEANER PHONE #		DATE OF SERVICE
CLEANING METHOD USED: <input type="checkbox"/> Dry Compound <input type="checkbox"/> Shampooed <input type="checkbox"/> Hot Water Extraction <input type="checkbox"/> Other: _____		NAME OF CLEANING PRODUCT

SECTION III

Please complete this section ONLY if carpet is NOT installed.

PLEASE CHECK APPROPRIATE BOX AND EXPLAIN BELOW:

<input type="checkbox"/> Wrong style	<input type="checkbox"/> Wrong Size	<input type="checkbox"/> Wrong Color	<input type="checkbox"/> Price Error
<input type="checkbox"/> Freight error	<input type="checkbox"/> Sample Error	<input type="checkbox"/> Defective	<input type="checkbox"/> Other: _____

SECTION IV

Please complete this section.

Estimated Cost to Repair/Replace

Description of Problem: _____ _____ _____	MOVE FURNITURE _____
	TAKE-UP/REMOVAL _____
Recommended Resolution: _____ _____	UNDERLAY _____
	STAIRS _____
Signature of person completing form X _____ Date: _____	TRIM _____
	ADHESIVE _____
	INSTALLATION _____
	MISC _____
	MISC _____
	TOTAL _____

SECTION V

To be completed by Office

SUPPLIER	SUPPLIER INVOICE #	INVOICE DATE
ROLL SIZE	ROLL #	DATE NOTIFIED
CONTACT		FREIGHT