

Carpet Foundation ADR Procedure Application for Conciliation

PART B (to be completed by the Retail Member)

Please complete Part 'B' in block capitals and return to the Carpet Foundation, either by mail or email.*

Retailer Details	
Business Name:	
Address:	
.....	
Postcode:	
Telephone:	Email:

Product Installation	
Where you responsible? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Date of Installation
Was new underlay supplied / fitted? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Location of carpet
If No and an independent carpet fitter was used, please supply their details below:	
Name:	
Address:	
.....	
Postcode:	Telephone No:

Carpet Supplied	
Name of Manufacturer / Supplier:	
Product:	Design / Colour:
Size of affected area:	Total quantity of product supplied:
Is this affected area part of a bigger job of the same product? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Date Installed:	Time in use:
Date consumer notified problem:	Date of your inspection of the fault:
Were maintenance instructions given to the consumer? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Has the fault been inspected by the manufacturer / supplier? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If 'Yes' date of inspection:	Date of inspection report:
Type of underlay	<input type="checkbox"/> New or <input type="checkbox"/> existing?

