

RYALUX

POWNALL

Please fax back to: 0161 763 5186

File ref:

CUSTOMER SERVICE FORM

Retailer MR CARPET LTD Consumer MRS BURTON
Address 299 UPPER RICHMOND ROAD WEST Address 12 MEDCROFT GARDENS
EAST SHEEN LONDON SW14 8QS LONDON
Account No. 2374 Tel No. 020 8876 9126 Tel No. 07763-205378

Range APOLINE ELEGANCE Quality _____ Colour PEWTER
Manufacturers Job No. _____ Invoice No. _____ Invoice date _____
Sizes 5.10 x 5m Customer Order No. 528163 Piece/Pieces affected 5.10 x 5m

Nature of Complaint LINE FAULT
Location in House LANDING
Specific area within room/rooms under complaint MIDDLE OF LANDING
Date Fitted 26-05 Type of Floor WOOD Type of Underlay PU FOAM
Age of underlay at time of fitting NEW No of Persons Living in House 4
Fitted by Own/Contract Fitter or Customer (Delete as necessary) Any pets? NOT SURE
Type of Vacuum UPRIGHT Times vacuumed per week TWICE
Have there been any additional treatments on the carpet i.e. Scotchguard/Guardsman treated? NO
Has the carpet been shampooed/cleaned? NO
If on stairs - has the carpet been moved? NO
Are rugs used to protect areas of concentrated use? NO

Shading/Pile Reversal - all pile carpets, especially plains, Berbers and Heather effects are liable to this phenomenon. Please indicate how the possibility of pile pressure/reversal was dealt with by you at the time the carpet was sold.

THERE ARE SIGNS ABOUT PILE REVERSAL

Date complaint first reported to retailer 27-05 Date inspected by retailer 27-05
INSPECTION CANNOT BE ARRANGED UNLESS PRIOR EXAMINATION HAS BEEN MADE AND THIS FORM COMPLETED BY THE RETAILER.
Retailer's opinion INITIALLY WE THOUGHT IT WAS A POLE/PRESSURE MARK
+ ASKED THE CUSTOMER TO WAIT A WEEK TO SEE IF
IT IMPROVES

I confirm that I have personally inspected this complaint.

Name (Printed) RICHARD CLOUGH Position in Company BRANCH MANAGER
Signed [Signature] Date 01-06-2016

PLEASE ATTACH A COPY OF RETAILERS ON SITE REPORT WHICH WILL ASSIST.