



Possible Arbitration: Details of willing parties

The following information is required if you wish to proceed with Arbitration.
Please complete the information below and return via POST or FAX.

Consumer

Contact Name _____
Address _____ Suburb _____ P/Code _____
Phone (BH) _____ (AH) _____ Mobile _____

Retailer

Contact Name _____ Company _____
Address _____ Suburb _____ P/Code _____
Phone _____

Manufacturer

Contact Name _____ Company _____
Address _____ Suburb _____ P/Code _____
Phone _____

Details / Nature of Dispute _____

- Yes No Has **both** the Retailer and Manufacturer inspected the carpet?
 Yes No Has the **consumer** been given an information sheet on the Arbitration process?
 Yes No Has the Arbitration process been explained to the **consumer**?
 Yes No Has an **Independent** report been done? If yes, by whom? _____
 Yes No Is there any outstanding monies?
If yes, how much and to whom? _____

Any other details _____

**Please POST
or FAX back to:**

**Carpet Industry
Arbitration Service
Carpet Institute
of Australia Ltd**

PO Box 7172
St Kilda Road
Melbourne VIC 8004

Fax 03 9804 5560

This form has been
returned by
(please tick)

Consumer

Retailer

Manufacturer

Administered by the Carpet Institute of Australia Limited ABN 11 006 829 303

PO Box 7172 St Kilda Road Melbourne Victoria 8004 Tel 03 9804 5559 • Fax 03 9804 5560

Email info@carpetoz.com.au • www.carpetinstitute.com.au