

Please complete separate forms for each product SKU. Claims must be reported within **5 days of receipt**.

Company Name: \_\_\_\_\_

Claim Contact: \_\_\_\_\_

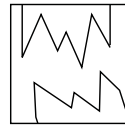
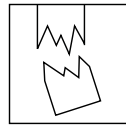
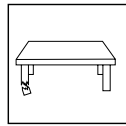
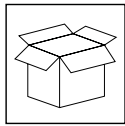
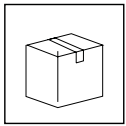
Name

Email

Phone Number

Sales Rep Name: \_\_\_\_\_

SKU	QTY	Sales Order Number	Shipment Number	Client PO Number



**Please include photos of damage or issues (2 carton photos, 1 distance photo, 2 detail photos clearly depicting the concern)**

*\*Only images in JPG, PNG, or PDF format will be accepted*

Please inspect all merchandise thoroughly and note any visible damage before signing the delivery receipt/Bill of Lading (BOL). Please take photos of the damage for your records. All damage must be noted on the delivery receipt, or your claim will be denied. Badly damaged cartons should not be accepted from the carrier. For any claim to be considered, the damaged item(s) must not be removed from the delivery location and the original packaging must remain intact, unless refused by the receiver and sent back with the carrier at the time of delivery.

Concern/issue and Nature of Claim - (For example: cracks, paint chip, drawers not aligned, etc.):

\_\_\_\_\_

\_\_\_\_\_

Item location?:

Receiver    Store/Showroom    Client Home    Refused Shipment    Other: \_\_\_\_\_

Is the original packaging available?

Yes    No

Touchup Kit Request   Product SKU: \_\_\_\_\_    Residential    Commercial  
 Hardware Request

Ship To: \_\_\_\_\_  
 Name

Address

City, State, ZIP

Submission Date: \_\_\_\_\_

Person Submitting Claim: \_\_\_\_\_

**\*Incomplete forms will not be accepted and will further delay your claim.**