

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

Company Name: _____

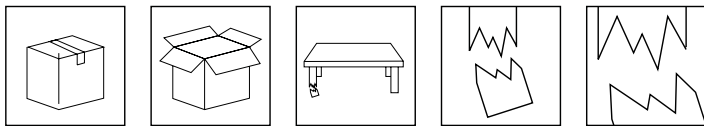
Claim Contact: _____

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

Ship To: _____
 Name

Address _____ City, State, ZIP _____

Submission Date: _____

Person Submitting Claim: _____

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