



CUSTOMER CLAIM FORM

Please note:
 1. All customer claim forms should be faxed or submitted online.
 2. All customer claims must be submitted to Deflecto on this form.
 3. Claim forms must be received by Deflecto no later than 10 business days from receipt of product.
 4. All claims will be researched and verified by Deflecto prior to further action being taken.

Customer Name:

Contact Name:

Account Number:

Phone Number:

Date:

CLAIM CODES				Internal Use Only	
Overage	O	Pricing	P	Authorized Customer Service Representative:	
Shortage	S	Warranty	W	Customer Service Comments:	
Transit Damage	TD	Defective	DF	Pick Ticket	POD Verified?
Concealed Damage	CD	Other	OT	Ship Date	Carrier
				Pro #	

Please list the following information:

P.O.#	Order #	Claim Code	Invoice #	Item #	Quantity	Price/Unit	Total \$
Grand Total							

Please describe the problem:

(Deflecto Accounting Use Only)
Reference #: **Notes:**