

Invoice #:

Ship Date:

Date of Claim:

FedEx/UPS Routing #:

Special T Imports Inc. 1540 Tanforan Ave. Suite C. Woodland, CA. 95776 Phone: 844-480-4438 claims@specialtimports.com

CLAIM FORM

Please fax to: 888-260-6348

to file claim & to receive required Return Authorization Number if a return is necessary.

PO#

We apologize for any issues with your shipment. Your help in completing this form is appreciated.

Sold to:

COMPANY/Store	All claims must be
Contact	reported within 30 days.
Zip Code of Bill To Address	If you would like us to file a damage claim with the shipper on your behalf, damaged merchandise MUST be kept
E-mail	with original box so that we can.

Qty.	ltem No.	Description	Price	Action Requested		Problem	* Problem Codes
Qty.				Credit	Replace	Code *	A - Damaged during
							shipping
							B - Quality issue
							C - Wrong item sent
							D - Shortage
							E - Overage
							F - Other
	<u> </u>						
	! 						
							(Please describe below.)

If this claim is for shipping damage, please describe the damage to the outer package, the inner package, the inner contents, etc.								
How would you like Special 1	Γ Imports	Phor	ne	🗆 Fax				
to respond to this claim report?		E-mail		🗆 No r	esponse necessary			
INTERNAL USE ONLY								
Action Customer to take:	🗖 Dispose	of product	🗖 Return produ	uct				
	Account credited		Claim denied					
Special T Imports response:	Product r	replaced	Reason:					
All returns require an Authorization Number: Please mark number on all boxes. Thank you!								