

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#

Invoice #: Ship Date: Date of Claim:						We apologize for any issues with your shipment. Your help in completing this form is appreciated.			
			Sold to:						
COMPANY/Store Contact						All claims must be reported within 30 days.			
Zip Code E-mail	e of Bill To Addres	55				clai dar	m with the	I like us to file a damage e shipper on your behalf, crchandise <u>MUST</u> be kept hal box so that we can.	
_			Description		Action Requested		Problem	* Problem Codes	
Qty.	Item No.			Price _	Credit	Replace	place Code *	A - Damaged during	
								shipping	
								B - Quality issue C - Wrong item sent	
								D - Shortage	
								E - Overage	
					Ī			F - Other	
] ////////////////////////////////////	
	·							- V////////////////////////////////////	
								(Please describe below.)	
		1			I				
If t	his claim is f	or shipping damage, pl	ease describe the damage	e to the outer pa	ickage, th	e inner	package,	the inner contents, etc.	
	How w	ould you like Special	T Imports	 Phone		□ F	ax		
		espond to this claim	· <u>-</u>	☐ E-mail			No respo	nse necessary	
			INTERNA	L USE ONLY		•			
4	Action Cus	stomer to take:	☐ Dispose of prod	uct 🗆 Re	eturn pro	oduct			
_			☐ Account credited ☐ CI		aim der	nied			
5	oecial i im	nports response:	Product replace	d Reaso	Reason:				
			e an Authorization Nu			#			