

CUSTOMER CLAIM FOR CREDIT



FOR OFFICE USE ONLY

CLAIM# _____

CREDIT APPROVED _____

Amnt Approved \$ _____

DATE _____

Claimant Name:	
Claimant Address:	
Ph:	Fax:

Reason for requesting credit (Please check the appropriate box)

- Damages
 Pricing Discrepancy
 Shipping Discrepancy
 Returned Product

Original Invoice or Bill of Lading #:	Invoice/BOL date:
Shipped via:	Date product received:
Shipment tracking#:	Have you contacted the Freight Company to claim damages? YES NO

Total Claim Amnt \$ _____

Item #	Description	Qty billed	Qty Rec'd	Qty Damaged	Quoted price <small>(if pricing claim)</small>	Price charged on Invoice
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Reason for return and/or damage (if no reason for return is given a 30% restocking fee will be automatically applied):

All Claims must be submitted with a copy of the original invoice/bill of lading. **All claims for damages must include pictures** of the damaged product. All pricing claims must include original active quote and/or proof of pricing discrepancy. All shipping discrepancies must be claimed within **48 hours of delivery**. All returned product is subject to a restocking fee.

Date _____ Signature _____

Send completed form to claims@tradesmanmfg.ca OR fax to 1-403-329-9079