

CLAIM FORM

PLEASE EMAIL: claims@melroseintl.com
or FAX: (888) 219-4577

MELROSE

Phone: 217.222.2144
Fax: 217.222.5588
Toll Free: 800.282.2144

DATE: / /

ACCOUNT #:

SOLD TO:

COMPANY

OWNER'S NAME

MAILING ADDRESS ZIP

INVOICE #:

INVOICE DATE:

RETURN PRODUCT ADDRESS

Melrose International
1400 N 30th Street Suite 22
PO BOX 3441
Quincy, Illinois 62305

Attn: RETURN AUTHORIZATION #:

ALL CLAIMS MUST BE REPORTED WITHIN 30 DAYS

So we can file a claim with the shipper on your behalf. Please keep damage merchandise in original box for shipping inspection.

ALL RETURNS REQUIRE AN AUTHORIZATION #

ISSUE
A - DAMAGE
B - DEFECTIVE
C - WRONG ITEM SENT
D - LEFT OUT
E - POOR QUALITY
F - DISSATISFIED
G - DID NOT ORDER
H - PAST CANCEL DATE
I - OTHER

PRODUCT #	DESCRIPTION OF ITEM ISSUE	ORIG QTY SHIPPED	QTY CLAIMED	UNIT PRICE	ACTION	ISSUE
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WE APOLOGIZE FOR ANY ISSUES WITH YOUR SHIPMENT. YOUR HELP IN COMPLETING THIS FORM IS APPRECIATED.