

Damaged Goods Facsimile Form

Our Policy

Carefully inspect all merchandise immediately upon pick-up/delivery. Any damaged goods must be noted on the consignee copy of the freight bill at the time of delivery or **THE CLAIM WILL BE DISALLOWED.**

Please Note: *If the distributor's carrier is used, the manufacturer or distributor's responsibility for the shipment ends at the customer's receiving dock and this form is applicable. If the customer opts for their own carrier, then the manufacturer or distributor's responsibility for the shipment ends once the shipment leaves the distributor's shipping dock. Should the latter decision be made, the Damaged Goods Form is no longer applicable for use and the manufacturer and distributor are no longer responsible. Your claim must then be addressed between you and your carrier.*

All damaged goods must be reported in writing immediately to the carrier for inspection.

With any alleged product damage claims, your distributor must be notified in writing and supplied with appropriate supporting documentation and full particulars within two (2) business days of the order's delivery.

All damaged goods, including original packaging, **MUST BE** retained by the customer for inspections and/or returned to your distributor.

All Damaged Goods Claims are pending until your distributor confirms and provides an Authorization Number. This response may take up to thirty (30) business days.

Failure to comply fully with these requirements will result in the manufacturer and distributor not assuming any liability whatsoever for resultant losses from damage(s). Customers shall remain liable for payment in full.

Please complete this form in its entirety and Fax to your distributor.

Distributor Information

Date and Time of Purchase	
Full Name of Distributor	
Telephone Number with area code and extension	
Fax Number with area code	

Billing Information

Complete Legal Company Name	
Current Street or P.O. Box Address	
City	
Province/State	
Postal Code/Zip Code	

Country	
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Shipping Information

Complete Legal Company Name	
Current Street Address	
City	
Province/State	
Postal Code/Zip Code	
Country	

Contact Information

Contact's First and Last Name	
Phone Number including Area Code and Extension:	
Contact's email	
Fax Number including Area Code	

Order Information

Method of Payment	
Invoice Number/Packing Slip Number	
Purchase Order	

Product Code	Quantity	Description
Damaged Goods Details:		

Product Code	Quantity	Description
Damaged Goods Details:		

Product Code	Quantity	Description
Damaged Goods Details:		

Product Code	Quantity	Description
Damaged Goods Details:		

Product Code	Quantity	Description
Damaged Goods Details:		

Product Code	Quantity	Description
Damaged Goods Details:		

Pending Damaged Goods Authorization

Thank you for your fax. Once we have reviewed your Damaged Goods Form, you will be contacted within the next two (2) business days with a response.

Regards,
 Your Distributor
 Customer Service Department