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Claim Received By: \_\_\_\_\_ (Forty West Use Only)

**Customer Information**

Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Claim Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Item Details**

Item # \_\_\_\_\_ PO # on Carton: \_\_\_\_\_

Item Description: \_\_\_\_\_

Shipped Via: \_\_\_\_\_ Received Date: \_\_\_\_\_

Invoice # \_\_\_\_\_

Damage Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping Damage  Product Defect

**How would you like to resolve this claim?**

Item Replacement

Part Replacement Part Details: \_\_\_\_\_

Ship to: \_\_\_\_\_

Credit

Keep at Discount

Other: \_\_\_\_\_