LifeStyles Stores, Inc. ☐ EDMOND ☐ PLANO ☐ TULSA

Furniture Damage, Defect, and Repair (FDDR) Form

specific processing instructions are included on the back ofthis form.

PRODUCT INFORMATION

Vendor _____ **Purchase order number** _____

LifeStyles Item Number _____ **Description** _____

Date received _____ **Date damage or defect discovered** _____

Is the item an individual piece, a component, or part of a set? Please be specific.

_____

Nature of Damage (check one)

☐ Concealed Freight Damage, Examples: crushed corners, scratched or marred finish or paint, punctures, broken glass, cracked wood, broken hardware as a result of being transported.

☐ Store Floor Display or Delivery Damage, Examples: soiling, cuts, scratches, nicks, broken glass or wood, or lost parts as a result of handling, merchandising, transport , or delivery.

☐ Defective or Missing Parts, Examples: warping, splitting, unraveling, fading, finish or paint flaws, pattern mismatch, incorrect fabric, malfunctioning hardware, missing parts, resulting from materials or production.

Specific Description of Damage or Defect

_____

Vendor Contact By: **Contact Date:**

Contact Name(s): _____ Contact Phone(s): _____ Contact Email: _____

Requested Action (check one)

☐ Pick Up ☐ Return ☐ Freight Claim ☐ Repair ☐ Sending Parts ☐ Field Destroy ☐ Donate

Lifestyles RGA Ticket _____ Vendor RMA # _____ Part Order Ticket # _____

RGA Ticket Closed / Deleted Date _____ Authorized Credit Amount _____ Vendor Authorized By _____

Donated to Organization _____ Donation Date _____ Donation Authorized By _____

Notes: (Required action & dates, etc.)

Truck Line Contacted By: **Contact Date:**

Freight Company Name: _____ Delivery Date: _____ Freight Bill Number: _____

Contact Name(s) _____ Contact Phone(s) _____ Contact Email _____

Freight Claim Number _____ Scheduled Pick Up Date _____ Pick Up Date: _____

Notes: (Required action & dates, etc.)

Repair Tracking

Repair Company _____ Repair Contact: _____ Contact Phone: _____

Repair Estimate Amount: _____ Authorized Repair Amount _____ Vendor Authorized By: _____

Repair Estimate Fax Date: _____ Repair Ticket Numbers (out & In) _____ Repair Date _____

Notes: (Required action & dates, etc.)