

CLAIM DT.



DAMAGE CLAIM FORM

CUSTOMER INFORMATION:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Invoice #: _____ Container #: _____ Delivery Date: _____

DAMAGED PIECES:

Item #	Colors	Qty:	Item Description:	Description of damage:	Solution to damage

In order that we may process your request in an accurate and timely manner, please complete this form in full. We cannot process your request without all necessary information. If the Damage Form is not completed in its entirety, it will be returned for further information. Please send pictures to **claims@brambleco.com**. If you do not want to take pictures or feel the damages aren't that bad, only up to 15% of the damaged item will be refunded without pictures. Please take picture of full item and 2, 3 pictures of each main damage area, the barcode and packaging, so we can identify the item more easily.

Pictures must be sent, otherwise you will only receive up to 15% reimbursement.
We must have pictures for quality control.

*ALL FORMS MUST INCLUDE 2 TO 3 PHOTOGRAPHS OF THE DAMAGE AND PACKAGING.

*NO CREDIT WILL BE GIVEN FOR ANYTHING OVER ONE YEAR OLD

Phone 1.608.897.2186 / Fax 1.608.897.2281

www.brambleco.com