

Jeffan International Claim Form

NOTE: All Claims must be submitted within ten (10) business days of receiving shipment

Customer Information

Company Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____
Contact _____

Order & Shipping Information

Invoice/SO # _____
PO # _____
Ship to Name _____
Ship to Address _____
Shipping City, ST & Zip _____
Date Goods Received _____

Claim Information

Item/SKU	Item Description	Credit Amount	Qty	Extended Credit
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-

Damage

Please describe damage and attach pictures

Shortage

Please describe the packaging condition and attach pictures.

Requested Resolution

Please let us know if you are willing to accept a discount, would like the item replaced or returned for credit.

When submitting this claim form for damages, please remember that we require:

- A copy of the delivery receipt.
- Photos of the damages.

Any claim that does not have the required documentation with it will not be processed. Any claim for damages must be submitted ten (10) business after receipt of merchandise. Submit this claim form and all accompanying documentation to **customersupport@jeffan.com**.

Submitted by _____

Date _____