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RETURN/CREDIT AUTHORIZATION FORM

IMPORT COLLECTION

IMPORTANT NOTICE

ONLY IN-HOUSE CREDIT WILL BE ISSUED FOR ANY RETURNED ITEM(S). NO MERCHANDISE MAY BE RETURNED WITHOUT PRIOR AUTHORIZATION FROM AN IMPORT COLLECTION REPRESENTATIVE. ALL RETURNS WILL BE SUBJECT TO A 20% RESTOCKING FEE. CLAIMS MUST BE REPORTED TO THE IMPORT COLLECTION WITHIN 10 DAYS OF RECEIPT OF ITEM(S). CLAIMS FILED LATE ARE SUBJECT TO 25% DEDUCTION AND/OR DENIED. PLEASE COMPLETE THIS FORM SO THAT WE MAY PROCESS YOUR CLAIM QUICKLY AND EFFICIENTLY.

***NOTE: ALL DAMAGED CLAIMS MUST BE SUBMITED WITH PICTURES TO AUTHORIZE RETURN/CREDIT.**

(1) YOU MUST COUNT ALL CARTONS UPON RECEIPT OF ORDER. (2) ALL PRODUCTS MUST BE INSPECTED AT THE TIME OF DELIVERY. (3) PLEASE BE SPECIFIC ON WHAT IS WRONG WITH EACH ITEM - IF IT IS A SET, SPECIFY SIZE. IF PAIR, 1PC OR PAIR. (4) KEEP ALL ORIGINAL PACKING MATERIAL AND CARTONS UNTIL NOTIFIED. (5) NO CREDIT WILL BE ISSUED ON RETURN OF MERCHANDISE. (6) IF WE NEED TO PICK UP A PRODUCT, A CALL TAG WILL BE SENT BY MAIL. INSTRUCTIONS WILL BE ON THE BACK OF THE CALL TAG. (7) PRODUCT MUST BE RETURNED WITHIN 15 DAYS OF RECEIPT OF CALL TAG.

PLEASE PRINT LEGIBLY

ORDER TYPE ( ) RETURN ( ) CREDIT

PLEASE ALLOW 7-10 DAYS FOR PROCESSING

STATE: _____ CUSTOMER #: _____ BUSINESS NAME: _____ DATE: _____

CONTACT: _____ PHONE: _____ FAX: _____

SHIP TO: _____

E-MAIL ADDRESS: _____ RA: _____

ORDER/PO #: _____ DATE MERCHANDISE WAS RECEIVED: _____

IF MERCHANDISE IS DAMAGED, DOES IT LOOK AS THOUGH IT WAS DAMAGED IN TRANSPORT? ( ) YES ( ) NO

WAS FREIGHT DAMAGE NOTED AT TIME OF DELIVERY WITH TRUCK DRIVER? ( ) YES ( ) NO

NAME OF CARRIER: _____

FOR OFFICE USE ONLY (SOLID BLACK BOX AREA)

SOURCE & (7) SHIP DATE: _____ TERMS: _____ SHIP VIA: _____

REP: _____ DISC: _____% INVOICE #: _____ CLAIM ( ) YES ( ) NO

PULLER: _____ VERIFIER: _____ PACKER: _____

QTY	ITEM #	DESCRIPTION OF PROBLEM (BE SPECIFIC)	PRICE	CODE	EXT	COM	P/U	C/R

# OF CALL TAGS		SUBTOTAL		TOTAL	

TO EXPEDITE THE CLAIM PROCESS, PLEASE EMAIL PICTURES TO YOUR CUSTOMER SERVICE REP.

AUTHORIZED BY

CM #

CALL TAG(S)

TRACKING ID