

MELROSE

Claim Form



DATE:

ACCOUNT #:

PLEASE EMAIL:
 claims@melroseintl.com
 or FAX: (888) 219-4577

ALL CLAIMS MUST BE REPORTED WITHIN 30 DAYS

So we can file a claim with the shipper on your behalf. Please keep damage merchandise in original box for shipping inspection.

ALL RETURNS REQUIRE AN AUTHORIZATION #

SOLD TO:

COMPANY

OWNER'S NAME

MAILING ADDRESS ZIP

INVOICE #:

INVOICE DATE:

RETURN PRODUCT ADDRESS

Melrose International
 1400 N. 30th Street Suite 222
 PO BOX 3441
 Quincy, IL 62305

Attn: RETURN AUTHORIZATION #:

ISSUE	
A - DAMAGE	F - DISSATISFIED
B - DEFECTIVE	G - DID NOT ORDER
C - WRONG ITEM SENT	H - PAST CANCEL DATE
D - LEFT OUT	I - OTHER
E - POOR QUALITY	

PRODUCT #	DESCRIPTION OF ITEMS	ISSUE	ORIG QTY SHIPPED	QTY CLAIMED	UNIT PRICE	ACTION	ISSUE
						<input type="checkbox"/> CREDIT <input type="checkbox"/> REPLACE	

WE APOLOGIZE FOR ANY ISSUES WITH YOUR SHIPMENT. YOUR HELP IN COMPLETING THIS FORM IS APPRECIATED.