

Claim Form

Date: _____

Sold to
Customer #:
Invoice #:
Company Name:
Contact Name:
Email:
Phone:

ALL CLAIMS MUST BE REPORTED WITHIN 7 DAYS

We apologize for any issues with your shipment. Your help in completing this form is appreciated. Please hold damaged or defective merchandise in original box for 10 days in case of inspection. Decision will be made after inspection.

Please email pictures for damaged/defective items along with this claim form.

All Returns require an authorization #

Return Product Address

DESIGNS COMBINED INC
 8351 UMBRIA AVE., BLDG 5, BAY 1
 SACRAMENTO, CA 95828
 Phone: 1-800-806-4709
 Fax: 916-381-6780
 Email: dciclaims@gmail.com
 RA# _____

Item No	Description	Qty Claimed	Action	Issue	Issue
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		A Damage
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		B Defective
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		C Wrong Item Sent
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		D Missing
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		E Poor Quality
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		F Dissatisfied
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		G Did Not Order
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		H Past Cancel Date
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		I Other
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
			<input type="checkbox"/> Credit <input type="checkbox"/> Replace		

Describe Issue: _____

of Boxes Received : _____

Is Outer Box Damaged? Yes No

Was The Shrink Wrap Intact? : Yes No

(Truck Shipment only)