

**CHERRYMAN**

Claims Department  
1421 Charles Willard Street  
Carson, CA 90746  
323.780.0859 | 323.780.0894 Fax

**DAMAGE & RETURN CLAIM FORM**

**Claim Number: C -**

**SECTION I. GENERAL INFORMATION** (Customer must fill out Section I and Section II)

Today's Date:	Customer Name:	Account Number:
Purchase Order Number:	Contact Name:	Phone Number/Extension:

**SECTION II.** Claims must be filed within 15 days calendar from date of delivery. Pictures of damaged goods and the original cartons are required and must accompany your claim. Failure to include these documents will delay or deny processing of your claim.

Freight Damage     Concealed Damage     Wrong Order     Manufacturer Defect     Other

Ship To State:	Delivery/Will Call Date:	Carrier:	PRO#
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Was the box damage?     Yes     No

Where was the damaged product discovered?     Same as "ship to" location on Bill of Lading     Not the same

Was the damage noted on the Bill of Lading or POD?     Yes     No

Was the shipment refused because of visible damage?     Yes     No

Are the item(s) still in the original packaging?     Yes     No

Will you be requesting replacement of the damaged item?     Yes     No

The product is currently in the form of     KD     Assembled

Please describe the issue(s) associated with submitting this claim form. Include collection, model number(s) and finish of each item:
Current location of product - City/State:

**\*\*\*\* I N T E R N A L   U S E   O N L Y \*\*\*\***

CSR:	Date CS received claim:	Total Invoice Amt: \$	Claim Amount \$
Collection:	Item(s) and Item(s) cost:		
Area damage was found (ex. Top, side panel etc.):			
Shipping Terms: <input type="checkbox"/> Will Call <input type="checkbox"/> Delivered		Freight Claim Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Freight Claim SO#	
<input type="checkbox"/> RMA Issued    RMA#		Apply Restocking Fee: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Credit Amount \$ _____	Invoice Number: _____		<input type="checkbox"/> Replacement Sent
Reason:			Date: _____
Approved By: _____	Date: _____		<input type="checkbox"/> Settled Amount: _____
			<input type="checkbox"/> Confirmation Received