**Company Name:** [Your Company Name]

**Date:** [Claim Date]

**Customer Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** | [City, State, ZIP Code] | | |
| **Phone Number(s):** |  | **Email Address:** |  |

**Purchase Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purchase Date:** | [Date] | **Order Number:** |  |
| **Invoice Number:** |  | **Purchase Location:** |  |

**Product Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Number** | **Product Name** | **Model/Serial Number** | **Quantity** | **Unit Price** | **Total Price** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Issue Description:** Please provide a detailed description of the defect:

|  |
| --- |
|  |
|  |
|  |

**Supporting Documentation:** Please attach the following (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Copy of Purchase Receipt | Photos of the Defective Product | Warranty Information | Other: |

**Preferred Resolution:**

|  |  |  |  |
| --- | --- | --- | --- |
| Replacement | Repair | Refund | Store Credit |

**Return Shipping Information:** (If different from customer information)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** | [City, State, ZIP Code] | | |
| **Phone Number(s):** |  | **Email Address:** |  |

**Customer Signature:**

**Date:**

**For Office Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By** | **Date Received** | **Claim Number** | **Action Taken** |

**Resolution Notes:**

|  |
| --- |
|  |
|  |
|  |

**Processed By:**

**Date:**

**Terms and Conditions:**

1. All claims must be submitted within [specific time frame] of purchase.
2. The product must be returned in its original packaging with all accessories.
3. Claims will be processed within [specific time frame] of receipt.
4. The company reserves the right to deny claims that do not meet the policy criteria.