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Damaged Freight Claim Form

Rev 8/15

Date:
Customer Name:
Customer Debit Memo#:
Address:
City, State, Zip:

Contact Name:
Email Address:
Phone:
Fax Number:

INSTRUCTIONS

INSPECT YOUR MERCHANDISE AS SOON AS YOU RECEIVE IT. YOU MUST MARK ON DELIVERY RECEIPT IF THERE IS DAMAGE. Please see our Returns policy for more details. Use only one line per item, all quantities are to be reported. All items submitted will require the original purchase order, invoice or sales order number. For damaged items, please submit multiple pictures clearly indicating the damaged area, as well as an overall picture of the product with your request. A copy of your signed delivery receipt must be submitted with your form.

ALL DAMAGED FREIGHT CLAIMS MUST BE MADE WITHIN 24 HOURS OF RECEIPT.

SWAN PART NUMBER	QTY	ORIGINAL ORDER NUMBER	DESCRIPTION OF DAMAGE	REPLACEMENT PURCHASE ORDER NUMBER

SHIP REPLACEMENT TO:	DO NOT DISCARD PRODUCT. At Swan's discretion, we may require return or field inspection of damaged product prior to issuing credit. If credit is issued, it will be forwarded to your Accounts Payable Department.
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