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# Defective Replacement Form

Rev 8/15

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

Contact Name:  
Email Address:  
Phone:  
Fax Number:

## INSTRUCTIONS

SWAN CUSTOMER SATISFACTION GUARANTEE IS 180 DAYS FROM ORIGINAL SHIP DATE. Please see our Returns policy for more details. Use only one line per item, all quantities are to be reported. For defective items, please submit multiple pictures clearly indicating the damaged area, an overall picture of the product and a picture of the carton label with your request. All items submitted will require the original purchase order, invoice or sales order number.

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

<b>SHIP REPLACEMENT TO:</b>	<b>DO NOT DISCARD PRODUCT.</b> 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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