

DROP SHIP CLAIM FORM

(LOGO GOES HERE)

Date	Date of Purchase	Tripar's Invoice #	Order Number

SOLD FROM:

SHIPPED TO:

Retailer's Acct. # with Tripar:

Customer Name:

Retailer Name:

Address:

Address:

Phone #:

Fax #:

E-mail:

Website:

Item #	Qty	Product Description	Claim Detail

NATURE OF CLAIM:

Damaged: What is the condition of a shipping carton(s)?

- Damaged Exterior **(If checked, claim with carrier)**
- Item packed well, no external damage
- Quality of packing material

Requesting information from Tripar to file claim with carrier as follows:

of items in box: _____
 # of boxes in shipment: _____
 Billable Weight: _____

Mis-Ship: Item doesn't match packing slip.
 I ordered item #: _____
 and received item #: _____

Over Shipment: There were extra item(s) in the box, which I did not order. Item #'s: _____

- Will keep- Bill me
- Please pick up

Order shipped to the wrong address. Correct address is:

Defective: Describe defect in detail:

Short Ship: What is the condition of a shipping carton(s)?

of boxes received? _____
 Was the box tampered with? No Yes
(If yes, claim with carrier)
 Interpack Shortage. Interpack label says qty: _____
 and actually there was _____
 Item on packing list but not in carton.

DISPOSITION:

Requesting a replacement part to be sent to:

 Describe in detail: _____

Requesting replacement of the whole item.
 Retailer will be submitting a new order.

Requesting defective product to be picked up from
 Retailer's location. Item(s) will be ready for pickup on:

Issue credit to credit card upon return.

**Please return completed form to toll free fax number:
 (800) 648-9015 or via e-mail to dropship@tripar.com**