

Promise of Excellence Claim Fulfillment Form

Pnotograp		
Studio Nai	me	
Tax ID Nu	ımber	
Street Address		City_
State	Zip Code	E-mail
Phone Nur	mber	
Client's Na	ame	
Client's St	reet Address	
Client's Ci	ity	State Zip Code
Client's Pl	none Number	
Original S	tudio Name if differe	at than above
Date original photograph was taken Negative or Digital File Number		
		ppropriate, based on the criteria outlined in the Agreement,
		product performance issue:
1		1

Please note:

Send this Fulfillment Form, along with the damaged print and a copy of the lab invoice or the product name of in-studio media used to Kodak Professional. Keep a copy of the form for your records. Larger prints may be trimmed down to 11" x 14", or folded, to provide Kodak with a sample of the product performance issue. Reimbursement is only guaranteed after Kodak's review of your claim.

Reimbursement from Kodak will be in the form of a check made payable to you. The amount reimbursed will be only the cost of the Kodak-branded replacement media used to reproduce the print, at the lesser of (a) the lab's current published price list or (b) MSRP (Manufacturer's Suggested Retail Price) of KODAK PROFESSIONAL ENDURA Media, KODAK PROFESSIONAL Inkjet Photo Paper or KODAK PROFESSIONAL EKTATHERM Media. Shipping and handling and your labor are not covered.

You may request a prior evaluation from Kodak to determine if the claim is proper and the amount Kodak will pay. Mark your Fulfillment Form as "Request for Prior Approval" and send it directly to Kodak, along with the damaged print and an estimate of the replacement charge.

PLEASE NOTE: Submitted print(s) will not be returned.

Please mail the prints and form to: KODAK PROFESSIONAL Promise of Excellence 343 State Street, Rochester, NY 14650-0403