

## RG / SHIPMENT CLAIM FORM

Company Name:

Contact Phone#:

Contact:

Order Date:

Order #:

SideMark:

Line Number(s):

Please Fill Out Section Below for Freight Company Damage ONLY

Date Of Claim:		Receipt of Shipment Date:	
Carrier Name:			
Delivery Receipt/Bill Of Lading#			
Damaged Box Qty:		Item/Panel Qty:	
Delivery Location:		Address	
		City	
		State	
		Zip	
Items to Submit	Bill Of Lading	Pictures	Delivery Receipt Noting Damage

Description of Issue

Action To Be Taken:

### Reason Codes Identified

- 1) Shipment Damage
- 2) Shipment Shortage
- 3) QS Shipping Error
- 4) Order Mistake
- 5) Customer Order Error

- 6) Order Clarification Error on QS
- 7) Production Error
- 8) Product Quality
- 9) Installation Damage
- 10) Missing small components (screws, brackets, etc)

### Office Use Only

Reason Code:

RMA Entity To Pay:

Repair Facility

Est. RMA Time:

Amount To Pay:

RMA Start Date:

Claim Settlement Date:

RMA Ship Date:

Claim Resolution:

Remake

Customer Repair

Local Repair

Approved By:

Approval Date: