

## RG A / 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

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Action To Be Taken:

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### Reason Codes Identified

- |   |
|---|
| <ol style="list-style-type: none"><li>1) Shipment Damage</li><li>2) Shipment Shortage</li><li>3) QS Shipping Error</li><li>4) Order Mistake</li><li>5) Customer Order Error</li></ol> |
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- |   |
|---|
| <ol style="list-style-type: none"><li>6) Order Clarification Error on QS</li><li>7) Production Error</li><li>8) Product Quality</li><li>9) Installation Damage</li><li>10) Missing small components (screws, brackets, etc)</li></ol> |
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### 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: