

Claim Form (Retailer)

Please return this form, along with the images as described below, to Form & Refine: info@formandrefine.com

Contact info

Retailer claim reference:

Company name:

Name of contact person:

E-mail (of contact person):

Direct phone number (of contact person):

Address (full address to customer with direct mobile and e-mail if spareparts or a new product need to be send out):

Transport

Signed upon arrival with "received with reservations": Yes No

Claimed for Form & Refine within the 5 days binding period upon arrival: Yes No

Any visible damage to the packaging: Yes No

Transport claim or product fault: Transport claim Product fault

Product information

Date of purchase:

Order or invoice number:

Article number and product name:

Describe when and how the claim occurred:

Describe the error if possible:

Images

In order to assess the claim, please provide the following images, attached in your e-mail:

1. Image of the complete product. In case of multiple claims on same order make sure to enclose each claim in one picture

2. 2-3 close-up pictures clearly showing the claim

3. 2-3 close-up pictures from all angles

4. If you still have the packaging, please enclose 2-3 images of the packaging

Thank you very much for your help. This information will enable us to provide you with the best possible service.