



MELROSE

Phone: (800) 282-2144

claims@melroseintl.com

Date: _____

Claim Form

PLEASE EMAIL claims@melroseintl.com

OR FAX TO (888) 219-4577

Sold To	
Name:	_____
Contact:	_____
Zip Code:	Fax: _____
Invoice:	Date: _____

ALL CLAIMS MUST BE REPORTED WITHIN 30 DAYS

So We Can File A Claim With The Shipper On Your Behalf. Please Keep Damage Merchandise In Original Box For Shipper Inspection.

ALL RETURNS REQUIRE AN AUTHORIZATION #

We apologize for any issues with your shipment. Your help in completing this form is appreciated.

Product Number	Description	Orig Qty Shipped	Qty Claimed	Unit Price	Action	Issue	Issue
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		A Damage B Defective C Wrong Item Sent D Left Out E Poor Quality F Dissatisfied G Did Not Order H Past Cancel Date I Other
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		

Describe Issue: _____

of Boxes Received: _____

Is Outer Box Damaged? _____

Is Inner Box Damaged? _____

Return Product Address

Melrose International
 1400 N 30th St Suite 22, PO Box 3441
 Quincy, IL 62305
 Attn: RETURN AUTHORIZATION # _____