



Damage & Return Claim Form

Claims must be filed within **15 CALENDAR DAYS** from date of delivery. Please include a copy of the **original invoice**.

Please note, failure to include documents will delay or deny processing of claim.

How To Submit Your Claim

- Take photos, or videos of damaged products – up close, and of the entire product, the original cartons, and please submit with this form.
- See the shipping label attached to products for additional BOL Claim Information.
- Any freight damage **needs to be noted on the proof of delivery** at the time of delivery, and copy submitted with this form.

SECTION I - GENERAL INFORMATION ***Required**

Date	Company Name	Product SKU	Quantity
Invoice Date	Invoice Number	Contact Name	Contact Title

SECTION II - CLAIM INFORMATION ***Required**

Freight Damage Concealed Damage Wrong Item/Order Manufacturer's Defect Other

Ship to State	Delivery/Will Call Date	Carrier	PRO/Tracking Number
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Where was the damaged product discovered? Warehouse Showroom Customer Possession

Was the damage noted on the Bill of Lading or POD? Y N

Was the box damaged? Y N

Was the shipment refused because of visible damage? Y N

Are the items still in the original packaging? Y N

Please describe the issue, and include the name of the Collection, Item, SKU number(s), and the Quantity.

Keep for Discount Credit Replacement Part Full Replacement Furniture Medic

WARRANTY INFORMATION

All HT&D products come with a 1 Year manufacturer's warranty from the date of original invoice. **Exceptions may apply.**

INTERNAL USE ONLY

Claimed Amount Approved _____ By _____ Date ____/____/____