

**2651 Perth St., Dallas, TX 75220**

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**CLAIM FORM**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Claim: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Customer Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Terms: 🞎 Net-30 🞎 Net-60 🞎 Credit Card 🞎 Prepaid 🞎 Other

Received Shipped Via:

🞎 UPS🞎 SMT 🞎 SAIA 🞎 ROADRUNNER 🞎 FED-EX 🞎 OTHER \_\_\_\_\_\_\_\_\_\_\_\_

Date Customer Received Shipment: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS BELOW:**

1. All Claims **MUST** submit pictures with claim sheet.
2. All damage or shortage claims must be made within 7 days upon receipt of merchandise.
3. Claim form **MUST** be completely filled out to avoid delays.
4. Claims can be emailed or faxed.

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| Item # |  QTY | Reason for Credit Request |  Unit Price |
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Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_