

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

**214.350.5213 Office • 800.383.3338 Toll-free • 214.351.5770 Fax**

**Email:** [**vast@vastamerica.co**](mailto:vast@vastamerica.co)**m • Website: www.vastamerica.com**

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| Item # | QTY | Reason for Credit Request | Unit Price |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_