

Claim Form

TEL: 949-420-2700 service@homart.com Date: _____

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

ALL CLAIMS MUST BE REPORTED WITHIN 3 DAYS

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

ALL RETURNS REQUIRE AN AUTHORIZATION # OR A 20% RESTOCKING FEE WILL BE IMPOSED. CLAIMS MAY TAKE UP TO 7 BUSINESS DAYS

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
Please email images to service@homart.com for all items claimed below						
					<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	

Issue
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

Describe Issue: _____

of Boxes Received: _____

Is Outer Box Damaged? _____

Is Inner Box Damaged? _____

How would you like us to Respond:

No Response Necessary

Phone Fax Email

Contact#: _____

Please have a manager call me

HomArt Response:

Replace Product Credit Account Dispose Product Credit Acct upon Return

Hold Products for 7 days in original box for inspection, dispose in 7 days if no inspection

Returned Product - Authorization # _____

Other _____

For Office Use Only:

Date Order Shipped _____ # of Boxes _____ REP _____

IR# _____ CM# _____ FX# _____

Return Product Address

HomArt
15041-A Bake Parkway,
Irvine, CA 92618
Attn: RETURN AUTHORIZATION # _____