

CLAIM FORM

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

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

**ALL CLAIMS MUST BE REPORTED
WITHIN 3 DAYS**

**So We Can File A Claim With The Shipper On Your
Behalf. Please Keep Damaged Merchandize 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	Ori 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 PastCancel Date
I Other

Describe issue : _____

How would you like us to Respond:

No response Necessary
 Phone Fax Email
 Contact#: _____
 Please have a manger call me

HomArt Response:

Replace Product Credit Account Dispose Product Credit Acct upon Return
 Hold Products for 7days 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 Warehouse
 15041-A Bake Parkway
 Irvine, CA. 92618
 Attn: RETURN AUTHORIZATION # _____