

Item Code(s): _____

PO Number (if applicable): _____

LightForm Sales Order/Quote Number: _____

Tracking Number: _____

Delivery Date: _____

Ship-to Address for approved replacements (include site contact name and number):

WHEN YOU SUBMIT THIS CLAIM FORM, PLEASE ALSO SUBMIT PHOTOS OF THE FOLLOWING:

- Included packing slips
- Labels on the boxes that were successfully delivered

Name of Claimant: _____ Date: _____

By submitting this document, the claimant accepts that a claim not submitted within 48 hours of delivery can be refused without further explanation.

FOLLOW US

