## lightform

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

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FOLLOW US

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