CHERRYMAN
Claims Department
1421 Charles Willard Street
Carson, CA 90746
323.780.0859 | 323.780.0894 Fax

DAMAGE & RETURN CLAIM FORM

Claim Number: C -

SECTION I. GENERAL INFORMATION (Customer must fill out Section I and Section II)

Today's Date:	Customer Name:	Account Number:
Purchase Order Number:	Contact Name:	Phone Number/Extension:

SECTION II. Claims must be filed within 15 days calendar from date of delivery. Pictures of damaged goods and the original cartons are required and must accompany your claim. Failure to include these documents will delay or deny processing of your claim.

☐ Freight Damage ☐ Concealed Damage ☐ Wrong Order ☐ Manufacturer Defect ☐ Other

Ship To State:	Delivery/Will Call Date:	Carrier:	PRO#

Was the box damage? ☐ Yes ☐ No

Where was the damaged product discovered? ☐ Same as "ship to" location on Bill of Lading ☐ Not the same

Was the damage noted on the Bill of Lading or POD? ☐ Yes ☐ No

Was the shipment refused because of visible damage? ☐ Yes ☐ No

Are the item(s) still in the original packaging? ☐ Yes ☐ No

Will you be requesting replacement of the damaged item? ☐ Yes ☐ No

The product is currently in the form of ☐ KD ☐ Assembled

Please describe the issue(s) associated with submitting this claim form. Include collection, model number(s) and finish of each item:
Current location of product - City/State:

****** I N T E R N A L U S E O N L Y ******

CSR:	Date CS received claim:	Total Invoice Amt: $	Claim Amount $
Collection:	Item(s) and Item(s) cost:		
Area damage was found (ex. Top, side panel etc.):			
Shipping Terms: ☐ Will Call ☐ Delivered		Freight Claim Filed? ☐ Yes ☐ No	Freight Claim SO# :

☐ RMA Issued RMA# Apply Restocking Fee: ☐ YES ☐ NO

Credit Amount $ _____ Invoice Number: _____

Reason:

Approved By: _____ Date: _____

☐ Replacement Sent

Date: _____

☐ Settled Amount: _____

☐ Confirmation Received