



Claim Form

PLEASE EMAIL info@raincaper.com

Phone: (877) 789-9975
info@raincaper.com
 Date: _____

Sold To	
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 Damage Merchandise In Original Box For Shipper Inspection.

ALL RETURNS REQUIRE AN AUTHORIZATION #

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
					<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	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	

- 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

RainCaper by Gazebo Green 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

RainCaper by Gazebo Green
 1157 Pugh Rd.,
 Wayne, PA 19087-
 Attn: RETURN AUTHORIZATION # _____