



# Claim Form

EMAIL OR FAX: Form along with Photos of Damaged Product to

Phone: (810) 714-3666  
 claims@peacockparkdesign.com

Claims@peacockparkdesign.com or Fax to (810) 519-5741

Date: \_\_\_\_\_

Sold To	
Name:	
Contact:	
Phone:	Email:
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 that a claim form be placed in the returned package.

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	Issue
					<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
					<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		

Describe Issue: \_\_\_\_\_  
 \_\_\_\_\_

# of Boxes Received: \_\_\_\_\_  
 Is Outer Box Damaged? \_\_\_\_\_  
 Signed for as damaged? \_\_\_\_\_

How would you like us to Respond:  
 No Response Necessary  
 Phone  Fax  Email  
 Contact#: \_\_\_\_\_  
 Please have a manager call me

PEACOCK PARK DESIGN 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  
 \* Returned merchandise may be credited once returned and inspected.

For Office Use Only:  
 Date Order Shipped \_\_\_\_\_ # of Boxes \_\_\_\_\_ REP \_\_\_\_\_  
 IR# \_\_\_\_\_ CM# \_\_\_\_\_ FX# \_\_\_\_\_

Return Product Address  
 PEACOCK PARK DESIGN - CLAIMS DEPT  
 14375 Torrey Road,  
 Fenton, MI 48430-