



Claim Form

PLEASE EMAIL claims@peacockparkdesign.com

Phone: (810) 714-3666
claims@peacockparkdesign.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	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? _____
 Is Inner Box 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 - Authorization # _____
 Other _____

For Office Use Only:

Date Order Shipped _____ # of Boxes _____ REP _____
 IR# _____ CM# _____ FX# _____

Return Product Address

PEACOCK PARK DESIGN
 14375 Torrey Road,
 Fenton, MI 48430-
 Attn: RETURN AUTHORIZATION # _____