CUSTOMER CLAIM FORM

CUSTOMER INFORMATION	
CUSTOMER NAME:	
CONTACT EMAIL:	
CONTACT MOBILE NUMBER:	

OFFICE USE	
CLAIM NO:	
WAREHOUSE LOADED FROM:	
INVOICE PAID:	

CLAIM INFORMATION	
INVOICE NUMBER:	
CONTAINER ARRIVAL DATE:	
PHOTOGRAPHS TAKEN:	

DETAILS OF CLAIM			
PRODUCT *name/quantity*	ISSUE	QUANTITY	COST
	Total:	0	0.00

GBP

CUSTOMER CLAIM FORM

FEEDBACK ON CLAIM FORM

ISSUES