



**T H R E E
H A N D S**

Corporate Showroom & Headquarters
13259 Ralston Avenue
Sylmar, CA 91342
Toll Free 800 443 5443
Fax 818 833 1212
www.threehands.com

CLAIM PROCEDURES

- Inspect all packages and report any visible damage or shortages to the carrier and record on the BOL (Bill of Lading) or POD (proof of delivery form) prior to acknowledgement of receipt.
- All concealed shortages must be reported in writing within 48 hours of receipt of goods.
- All concealed damage claims must be reported in writing within 10 days of receipt of goods, and no later than 30 days from Invoice date.
- Pictures required for all claimed damaged items. Claims cannot be processed without clear pictures of alleged damaged item (s).
- Please e-mail all pictures to: customerservice@threehands.com with the name of your company and "claim" on the subject line. (example: "ABC Wholesalers Claims)
- Confirmation of receipt of your claim will be emailed back within 72 business hours of receipt.
- Please note, claim resolutions are handled in the order received.
- Credit amount is to be determined after receipt of claim form.
- All items of dispute must be included in one claim form per invoice.
- **NO CLAIMS ARE ACCEPTED 30 DAYS PAST THE INVOICE DATE.**
- IF YOU NEED ADDITIONAL INFORMATION CONCERNING YOUR CLAIM, PLEASE CORRESPOND VIA FAX OR E-MAIL.

CLAIM FORM

Account # _____ Company Name _____ Todays Date ____/____/____

Invoice # _____ Purchase Order # _____

E-Mail Address _____ Phone #: _____ Fax #: _____

Item #: _____ **Quantity:** _____ **Item Cost:** _____ **Total:** _____

Description of Item: _____

Problem / Issue: _____

Item #: _____ **Quantity:** _____ **Item Cost:** _____ **Total:** _____

Description of Item: _____

Problem / Issue: _____

Item #: _____ **Quantity:** _____ **Item Cost:** _____ **Total:** _____

Description of Item: _____

Problem / Issue: _____

Item #: _____ **Quantity:** _____ **Item Cost:** _____ **Total:** _____

Description of Item: _____

Problem / Issue: _____

Item #: _____ **Quantity:** _____ **Item Cost:** _____ **Total:** _____

Description of Item: _____

Problem / Issue: _____

Total Claim: _____