



## DAMAGES AND CLAIMS FORM

COMPANY NAME:

CONTACT:

PHONE:

ADDRESS:

EMAIL:

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ITEM NUMBER:

QUANTITY:

ORDER NUMBER:

ORDER DATE:

DAMAGE LOCATION:

DESCRIPTION OF DAMAGE:

REQUESTED ACTION OR CREDIT AMOUNT:

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FOR INTERNAL USE ONLY:

CREDIT:

AMOUNT:

INVOICE:

DATE:

REPLACEMENT:

SHIP DATE:

INVOICE:

DATE:

NOTES:

**Please return this completed form and a signed copy of the BOL to [customerservice@therwcollective.com](mailto:customerservice@therwcollective.com) along with photographs of the damage, carton and label.**

THERWCOLLECTIVE.COM

(404) 433-2432

[customerservice@therwcollective.com](mailto:customerservice@therwcollective.com)