

KEL-TOY, INC.

Claim Form

PLEASE EMAIL info.keltoy@gmail.com

Phone:
info.keltoy@gmail.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	Issue
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		A Damage
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		B Defective
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		C Wrong Item Sent
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		D Left Out
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		E Poor Quality
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		F Dissatisfied
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		G Did Not Order
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		H Past Cancel Date
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		I Other

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

Kel-Toy, Inc. 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

Kel-Toy, Inc.
 255 Barneveld Ave
 San Francisco, CA 94124-
 Attn: RETURN AUTHORIZATION # _____