



Today's Date	
Account Number	
Store Number	

CLAIM REQUEST FORM

Please Note:

Claims for billed not shipped, incorrect items or damaged delivery must be made within five business days from the date of receipt of the order.

Company Name: _____

Please provide your email address or fax number so we may reach you in a trackable format.

Email Address: _____

Fax Number _____

If you are claiming a "billed not shipped", the following may be required:
Signed and dated copy of the packing list or invoice (whichever was used to check in the product).

USB Item # "or" UPC #	Price Discrepancy (should be...) (enter quantity)	Item Not as Pictured in Catalog or Website (enter quantity)	Popping at the Seams (enter quantity)	Faulty Valve (enter quantity)	Pin Holes (enter quantity)	Quantity Missing (enter quantity and invoice #)

Once completed, please email this form to csdept@usballoon.net or fax to 800.832.9872.

For Office Use Only:	Date Received:	Time Received:
	Date Resolved:	Time Resolved: