UPDATE INTERNATIONAL
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STANDARD CLAIM FORM

CUSTOMER ACCT. #_____ **COMPANY NAME**:_____

ADDRESS:_____

CITY_____ STATE _____ ZIP CODE _____

INVOICE# _____ **ORDER# OR PO#** _____

CLAIM IS HEREBY FILED:

☐ SHORTAGE ☐ OVERSHIP ☐ WRONG ITEM SHIPPED ☐ DUPLICATE SHIPMENT

☐ DAMAGE (pictures & description needed)** ☐ DEFECT (pictures & description needed)**

** Condition of Product: ☐ Brand new in original packaging ☐ New but no packaging ☐ Used

☐ RMA# REQUEST. REASON: _____

☐ REPLACEMENT REQUEST ☐ OTHER: _____

QTY	UNIT	ITEM # / REMARKS	AMOUNT
		TOTAL:	

TO EXPEDITE YOUR CLAIMS, PLEASE PROVIDE US THE FOLLOWING DOCUMENTS IF AVALIABLE:

☐ ORIGINAL INVOICE & PICKING SHEET
☐ COPY OF BILL OF LADING
☐ DELIVERY RECEIPT / PROOF OF DELIVERY WITH SHORTAGE OR DAMAGE NOTATION
☐ PICTURES OF DAMAGED PARTS IF CLAIM DAMAGE OR DEFECT

*****Update Int'l will not accept claims if case count is not verified. Shortage must be reported within 24 hours.**
*****Please do NOT dispose damaged or defective merchandise until authorized; otherwise no credit will be granted.**

Claimant's Name _____ Signature _____

Phone (_____) _____ ext_____ Fax (_____) _____

Email _____ Date _____