

DAMAGE CLAIM FORM



PLEASE FILL OUT THIS FORM AND SUBMIT VIA EMAIL AT INFO@802CABINETRY.COM

Dealer Information

| | | |
|-------------------------------------|-----------------|---------------------|
| Distributor's Name | | Date |
| Dealer's Name | Designer's Name | Original PO or SO # |
| New Shipping Address (if different) | | |

Damage Detail

| SKU# | Quantity | Reason: Broken, Scratched, Dinged, Cracked, Warped, Missing Part, Not Received, Wrong Item In Box |
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* All claims must include 2 pictures of the item, 1 photo showing the whole layout and 1 photo of the damage up close. Photos must be included for claim to be processed.

Please note:

- Damage Claims must be made within 30 calendar days of delivery/pickup. Claims filed after 30 days will not be accepted.
- Products must be uninstalled and without modifications (cuts, drill holes, etc.), otherwise they are not eligible for a damage claim.
- All claims must include a completed form (which can be downloaded from www.802cabinetry.com) and must include 2 photos of each damaged product. Claims can be emailed to your closest distributors.
- After the claim is reviewed, and if it is approved, a replacement will be shipped at no cost. Processing may take up to 2-3 weeks.

Office Use Only

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|--|--|---------------------------------|
| Handler's Name: | Date Form Received: | |
| Claim Decision: <input type="checkbox"/> Replace Whole Cabinet | <input type="checkbox"/> Replace Parts | <input type="checkbox"/> Denied |
| Scheduled Pick Up Date: | Scheduled Delivery Date: | Tracking #: |
| Claim Close Date: | | |