



RA# _____

(Please call to request RA#)

RA Issued Date: _____ / _____ / 20_____

LOSS AND DAMAGE CLAIM FORM

Return Policy:

1. You must obtain an RA (Return Authorization) Number in order for us to process your claim..
2. All claim items must be reported at once and only once per invoice within 15 days of Receipt.
3. Unison Gifts, Inc. is only responsible for items which are broken and shorted during delivery time. Mdse which are not our products will be destroyed or returned per your request at your own cost.
4. Damaged items must be returned in their original packaging with all broken pieces to receive full credit; otherwise no credit will be given. (Exceptions will be made only for items packaged with more than one piece per box).

Customer ID#: _____ Company Name: _____ Tel: () - _____ Fax: () - _____ Contact Person: _____ Signature: _____	Shipped to Address: _____ Invoice No.: _____ Delivered Date: _____
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ITEM NO.	QTY (UNIT)	LOST OR DAMAGED	UNIT PRICE	EXTENSION
TOTAL CLAIM AMOUNT				

All claim items are packed in _____ package(s), weight _____ , _____ , _____ Lbs

A Claim MUST be supported with the following items:

- This "Loss and Damage Claim Form" – Use Additional Pages if Necessary
- Invoice – Original or Photocopy certifying contents
- RA Number
- Claim Items will be inspected before replacement or credit can be given. Please allow 3 to 6 weeks for us to process your claim. Please select one:
 - () Replacement: Replacements might be shipped by a single shipment or with an on hand order. This option is only available if the total wholesale value of the replacements is greater than \$30.00
 - () Credit : Credit will be given to your account for future use, or re-instated to same credit card if invoice was paid by credit card. Credit will be issued for claimable merchandise only. **Shipping and handling fees are not creditable.**

Failure to include sufficient information will delay processing of claim

For office use only	Notes:
Tracking ID#	
Date returned	
Packages returned	

PLEASE MAIL OR FAX BACK TO 626-814-3184. THANK YOU.