



## Claim Form

<b>Customer:</b>				
<b>Date of Purchase:</b>				
<b>Description of Item Purchased:</b>				
<b>Type of Claim:</b>	<i>Shipping Damage</i>	<i>Defective Product</i>	<i>Incorrect Product</i>	<i>Other</i>
<b>Description of Problem:</b>				
<b>Contact Person Name:</b>				
<b>Contact Person Phone #:</b>				
<b>Contact Person Email:</b>				
<b>Signed:</b>			<b>Date:</b>	

Instructions:

1. Please confirm that all fields above are filled out
2. Email a copy of this form along with supporting photo evidence to [info@pallettower.com](mailto:info@pallettower.com).
3. All claims must be submitted within 3 business days of receipt of goods.