



CLAIM FORM

DATE: _____

R.A.: _____

DISTRIBUTOR NAME: Dealers Supply _____

CONTACT PERSON: Claims Administrator _____

ADDRESS: PO Box 2628, Durham NC 27715 _____

PHONE: 1-800-776-6655 FAX: 1-800-249-6655 EMAIL: Claims@dsx.com

RETAILER: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

FAX: _____

SALES ORDER #: _____ INVOICE #: _____ CUSTOMER P.O. #: _____

Please make sure your purchase order number, PFP Sales Order or Invoice number is listed.

CREDIT REQUESTED _____ or REPLACEMENT ORDER _____

Complaint: Please list the item number, quantity, and description of issue.

PICK-UP ADDRESS (IF DIFFERENT FROM ABOVE):

To insure proper credit a copy of this completed form MUST be included with your packing slip when returning items along with any other information needed on the claim form.