



# Claim Form

PLEASE EMAIL [info@lostine.com](mailto:info@lostine.com)

Phone:  
[info@lostine.com](mailto:info@lostine.com)

Date: \_\_\_\_\_

Sold To	
Name: _____	
Contact: _____	
Zip Code: _____	Fax: _____
Invoice: _____	Date: / /

**ALL CLAIMS MUST BE REPORTED WITHIN 3 DAYS**

So We Can File A Claim With The Shipper On Your Behalf. Please Keep Damage Merchandise In Original Box For Shipper Inspection.

**ALL RETURNS REQUIRE AN AUTHORIZATION #**

We apologize for any issues with your shipment. Your help in completing this form is appreciated.

Product Number	Description	Orig Qty Shipped	Qty Claimed	Unit Price	Action	Issue	Issue
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		A Damage B Defective C Wrong Item Sent D Left Out E Poor Quality F Dissatisfied G Did Not Order H Past Cancel Date I Other
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		

Describe Issue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# of Boxes Received: \_\_\_\_\_

Is Outer Box Damaged? \_\_\_\_\_

Is Inner Box Damaged? \_\_\_\_\_

How would you like us to Respond:

No Response Necessary

Phone  Fax  Email

Contact#: \_\_\_\_\_

Please have a manager call me

Lostine Response:

Replace Product  Credit Account  Dispose Product  Credit Acct upon Return

Hold Products for 7 days in original box for inspection, dispose in 7 days if no inspection

Returned Product - Authorization # \_\_\_\_\_

Other \_\_\_\_\_

For Office Use Only:

Date Order Shipped \_\_\_\_\_ # of Boxes \_\_\_\_\_ REP \_\_\_\_\_

IR# \_\_\_\_\_ CM# \_\_\_\_\_ FX# \_\_\_\_\_

Return Product Address

Lostine  
 3747 Ridge Avenue,  
 Philadelphia, PA 19132-

Attn: RETURN AUTHORIZATION # \_\_\_\_\_