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DAMAGE & RETURN CLAIM FORM

Claims must be filed within **15 CALENDAR DAYS** from date of delivery. Please include a copy of the original invoice.

How to make a claim:

- Take photos, or videos of damaged products (Up close and entire product) the original cartons, and submit with this form
- See the shipping label attached to products for additional BOL Claim Information
- Any freight damage needs to be noted on the proof of delivery at the time of delivery and copy submitted with this form

(Failure to include documents will delay or deny processing of claim.)

SECTION I: GENERAL INFORMATION (Customer must fill out Section I Section II)

Today's Date:	Customer Name:	Account / Customer Number:	SKU/Item Number:
Purchase / Original Invoice Number:	Invoice Date:	Contact Name & Title:	

SECTION II: CLAIM INFORMATION

Freight Damage Concealed Damage Wrong Item / Order Manufacturer's Defect Other

Ship To State:	Delivery / Will Call Date:	Carrier:	PRO / Tracking Number:
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Where was the damaged product discovered?	Warehouse <input type="checkbox"/>	Showroom <input type="checkbox"/>	Customer Possession <input type="checkbox"/>
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Was the damage noted on the Bill of Lading or POD?	Yes:	No:
Was the box damaged?	Yes:	No:
Was the shipment refused because of visible damage?	Yes:	No:
Are the items still in the original packaging?	Yes:	No:

Please describe the issue(s) associated with this form. Include the name of the Collection / Item, Sku number (s), and Number of items

Keep for Discount Credit Replace Part Full Replacement Furniture Medic

Current location of product- City & State: _____

INTERNAL USE ONLY

Claimed Amount Approved: _____ By: _____

(WARRANTY INFORMATION)

All HT&D products come with a 1 year manufacturers warranty from the date of original invoice.
 (Exceptions may apply)