

Damaged and Return Merchandise Authorization Claim Request

All requests submitted go through a claims process to be reviewed for approval. Refer to the notes below. Please allow up to 10 days to process.

Name: _____	Date: _____
Company: _____	Invoice #: _____
Address: _____	
street	city
state	zip
Phone #: _____	
E-mail: _____	
Signature: _____	

Requesting: ☐ Credit Memo
☐ Exchange
☐ Return

- Approved return material requests are subject to a 25% restocking fee. Credit will be issued when material has been returned unopened in the same condition it shipped out as.

- Damaged material requests must be submitted by original receiving customer within 7 days of material arriving along with the following:

- Pictures of any damage being claimed
- Crate numbers that damaged material was found in
- If more information is required a USI rep will reach out to you

- In the instance an entire crate has been damaged upon arrival, and is considered unsellable:

- Damage must be noted on both the driver and consignees' Bill of Lading for a credit to be processed
- Copy of Bill of Lading must be submitted with RMA form showing the damage was notated
- When possible, take photos of damaged crates prior to unloading

- Installed display credit, after preliminary approval, photos of the finished installation will need to be submitted with the RMA form prior to review for approval.

USI DOES NOT COVER ANY DAMAGE FROM MISHANDLING BY THE CUSTOMER.

Items to be Returned:

APPROVED CREDITS EXPIRE 90 DAYS AFTER APPROVAL DATE

Quantity	Item #	Crate #	Details	Reason Code #	Credit, Exchange or Return

Return Reason Codes:

(Record the appropriate number in the Reason Code # box above)

- | | |
|-------------------------------------|------------------------------------|
| 10. Wrong quantity received | 60. Product different from catalog |
| 20. Wrong material received | 70. Related item not sent |
| 30. Freight damage/received damaged | 80. Display credit |
| 40. Duplicate order | 90. Incorrect quantity ordered |
| 50. Product defective | 100. Other: _____ |

Please Exchange For:

Quantity	Item #	Description	Unit Price	Total Price

FOR OFFICE USE ONLY

Received by:

Name	Signature	Date/Time

Approved by:

Restocking Fee =

Name	Signature	Date/Time