

Claim Report

P.O. Box 177, Colebrook, NH 03576-0177 **Kheops International**

Fax: **800-713-0634** or E-mail: sales@kheopsinternational.com

Store Name		Contact	Phone
City	State	Zip	Fax
Invoice #	Terms	Credit Card #	Card Holder's Name
Inv. Date:	Exp. Date:	First 3 digits of billing address:	Zip: Pers. Bus.

Item #	Item Description	Unit	Set of	Item \$	To Credit	Type of Error
		/	@			
		/	@			
		/	@			
		/	@			
		/	@			
		/	@			

How many shipping boxes received: _____ **Please call us back** yes or no (circle)

Comments on packaging _____ **or email @:** _____

For Office use only - Do not write below

Call Customer: _____

COD RETURNED	/ boxes	PO#:	Date:	Original order	\$
To Ship back - OK by:		Ship date:		2nd Shipment cost	\$
		Call to confirm:		COD cost	\$

Return to stock	Warehouse	Done:			
TO BILL:	Shipping:\$	COD:\$	Other Fees: (%) \$	Total	\$

Call Tag / RSLabel		\$	
Re-Ship			
UPS claim done		\$	
Other			
CREDIT note	\$	Floating credit	Cr. Note.#
Wait for merchandise	Date Received: _____	(*) Merchandise returned to STOCK	
Customer Service:		Date:	