



CUSTOMER WARRANTY CLAIM FORM

Please complete this form and email it to: salesupport@woodlineshade.com

INFORMATION REQUIRED

	Return Authorization Number:	<input type="text"/>
1. DATE OF CLAIM:	<input type="text"/>	
2. PRODUCT DESCRIPTION:	<input type="text"/>	
3. PRODUCT SKU NUMBER:	<input type="text"/>	
4. RETAILER NAME:	<input type="text"/>	
5. WOODLINE EST# / CUSTOMER PO#.::	<input type="text"/>	
6. ADDRESS OR BRANCH PURCHASED:	<input type="text"/>	
7. HOW WAS THIS PRODUCT DELIVERED BY THE MANUFACTURER?	STORE INVENTORY <input type="text"/>	DROP SHIP <input type="text"/>
8. DATE OF PURCHASE FROM RETAILER:	<input type="text"/>	

CUSTOMER NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
E-MAIL:	<input type="text"/>	CONTACT NUMBER:	<input type="text"/>

REASON FOR WARRANTY CLAIM:

To process your claim clear photos and proof of purchase must be attached with ALL claims.
Any unauthorized returns will be charged to customer.

Proposed Action by Woodline Shade Solutions:

Warranty No.:	Date of Action:
Shipment Tracking Number:	Ship Date:
APPROVED BY:	Date:
