

## CLAIM FORM

TEL-949-420-2700 // [service@homart.com](mailto:service@homart.com) Date: \_\_\_\_\_

Sold To:	
Company Name:	
Contact:	
Zip Code:	Fax:
Invoice Number:	

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

**So We Can File A Claim With The Shipper On Your  
Behalf. Please Keep Damage Merchandize 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	Ori Qty Shipped	Qty Claimed	Unit Price	Action	Issue
					<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	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	

Issue
A Damage
B Defective
C Wrong Item Sent
D Left Out
E Poor Quality
F Dissatisfied
G Did Not Order
H PastCancel Date
I Other

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 manger call me

**HomArt Response:**

Replace Product  Credit Account  Dispose Product  Credit Acct upon Return

Hold Products for 7days 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**

HomArt Warehouse  
 15041-A Bake Parkway  
 Irvine, CA. 92618  
 Attn: RETURN AUTHORIZATION # \_\_\_\_\_