

BROOKS-DEHART FURNITURE XPRESS, INC.

CLAIM FORM

Date: _____

Damage: YES or NO

Shortage: YES or NO

Was damage/shortage noted at time of delivery: YES or NO

PRO# _____ Date of Delivery: _____

Acknowledgement # _____ PO# _____

Consignee Name and Address: _____

Manufacturer: _____

Item, style and description: _____

Invoice cost of item(s) damaged/short: \$ _____ (send copy with form)

Please provide specific description of damage to the item as well as the condition of the carton (Please keep all cartons and internal packing): _____

Can it be repaired locally: YES or NO Repair Estimate: \$ _____ (include copy)

Address where is the damaged piece located now: _____

Email pictures of damaged item(s) and carton/wrapping along with claim form to: claims@gobfx.com

Signature or person filing claim: _____

Title: _____ Phone number: _____

**** FREIGHT BILL MUST BE PAID IN FULL BEFORE CLAIM WILL BE PROCESSED****

****BROOKS-DEHART RESERVES THE RIGHT TO HAVE ITEMS REPAIRED****