

# Claim Form



## Contact Information

[info@davidchristophers.com](mailto:info@davidchristophers.com)

Call or Text: 256-389-9424

Fax: 256-389-9379

### Return Product Address

David Christopher's Collection  
411 S Montgomery Ave, Sheffield,

Today's Date: \_\_\_\_\_

Sold To

**ALL CLAIMS MUST BE REPORTED WITHIN 15 DAYS**

We apologize for any issues with your shipment. We want to make it right as soon as possible. Your help is appreciated in completing this form.

Thank you!

Please keep damaged merchandise in original box and **WITHOUT PRICE STICKERS** and in original condition.

Please allow 7 business days to process.

Company Name:	
Contact:	
Zip Code:	Phone:
Invoice:	Date:

Product Number	Description	Qty Shipped	Qty Claimed	Unit Price	Issue

### Issue Key:

1. Damaged
2. Defective
3. Missing
4. Other

Describe Issue \_\_\_\_\_  
\_\_\_\_\_

# of Boxes Received: \_\_\_\_\_  
Is Outer Box Damaged? \_\_\_\_\_  
Is Inner Box Damaged? \_\_\_\_\_

**IMPORTANT NOTE:** Any merchandise received with your company's price sticker will be subject to a 15% restocking fee. All items must have original David Christopher's Collection tag in place to be eligible for credit.