



PLEASE EMAIL info@davidchristophers.com

OR FAX 256-389-9379

Claim Form

TEL: 888-389-9424 info@davidchristophers.com

Date: _____

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

ALL CLAIMS MUST BE REPORTED WITHIN 15 DAYS

In order for us to file a claim on your behalf, please keep damaged merchandise in original box and without price stickers for shipper inspection. Claims may take up to 7 business days to process. Thank you for your patience.

We apologize for any issues with your shipment. Your help in completing this form is appreciated.

Product Number	Description	Orig Qty Shipped	Qty Claimed	Unit Price	Action	Issue
Please email images to info@davidchristophers.com for items listed below.						
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	1. Damaged 2. Defective 3. Missing 4. Other
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	

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 manager call me

David Christopher's Office Use Only:

Replace Product Credit Account Dispose Product Credit Acct upon Return

Hold Products for 7 days in original box for inspection, dispose in 7 days if no inspection

Returned Product - Authorization # _____

Other _____

Return Product Address

David Christopher's Collection
 411 S Montgomery Ave
 Sheffield, AL 35560