

# ARTERIOR S

## Product Claim Form

Thank you for purchasing from Arteriors, we appreciate your business. We are confident in the quality of our products but due to the natural materials and handcrafted nature slight variations in finishes, tones and colors are common. **These variations are not grounds for a claim**. If you would like to return a product for any other reason, you may return the item{s}, however a 25% restocking fee will apply and you will be responsible for the shipping charges to return the item to Arteriors Home. If there is a product defect, please follow the steps below:

### (\* Field Required)

**Step 1:** Complete the following information and submit to [claims@arteriorshome.com](mailto:claims@arteriorshome.com) or fax to 214-483-7485.

\*Company/Customer Name: \_\_\_\_\_

Customer Id: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Claim File Date: \_\_\_\_\_

Arteriors Order/Invoice #: \_\_\_\_\_ Customer PO #: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Date Product Received: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### Replacement Ship To Address

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

**Step 2:** Briefly describe the condition of the product

Item Number	Description of Item	QTY	Description of Damage	Do you want a Replacement? (Y/N)

**Step 3:** Please include photos of damage to help determine the appropriate actions for Arteriors Home to take.

*If any additional information is need in order to process your claim your Arteriors Home customer care representative will contact you.*

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**\*\*\* FOR INTERNAL USE ONLY \*\*\***

Return Authorization # \_\_\_\_\_ Replacement Order #: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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