

# Quick Claim Form

To receive a credit, this form must be filled out completely. Fax form and carrier's delivery receipt to **800.947.0377** for Matthews Paint, Lacryl, Field Master, Series 20 and 1-Shot products. Or email form to your Matthews Paint customer service rep. Quick Claim Forms are available at [www.matthewspaint.com](http://www.matthewspaint.com).



**Note: Red shaded areas are for Matthews Paint use only.**

Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Customer PO # \_\_\_\_\_ MPC Order # \_\_\_\_\_

Freight Carrier \_\_\_\_\_ Pro # \_\_\_\_\_

Discount %	Customer #	CM Code	Date Received
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ORDERED			TYPE OF CLAIM						
			DAMAGED	LOST	SHORT SHIPPED	CREDIT MEMO	RECEIVED IN ERROR		REBILL
Product Code	Size	Qty	Qty	Qty	Qty	\$ Each	Product Code	Qty	\$ Each
<b>Total</b>							<b>Total</b>		

Was the order received "Subject to Count and Inspection" on the freight company's copy? <span style="float: right;">Yes No</span>	Was the complete shipment refused? <span style="float: right;">Yes No</span>
Was the shrink wrap intact? <span style="float: right;">Yes No</span>	If incorrect products were received, do you want to return these items? <span style="float: right;">Yes No</span>
Was the shrink wrap clear with fluorescent labels containing the words "STOP - If seal is broken check contents before receiving"? <span style="float: right;">Yes No</span>	If so, please provide RGA # in space below.

Credit Memo #
Rebill #
Warehouse Instructions