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Shortage Claim Form

Rev 8/15

Date:
Customer Name:
Customer Debit Memo#:
Address:
City, State, Zip:

Contact Name:
Email Address:
Phone:
Fax Number:

INSTRUCTIONS

INSPECT YOUR MERCHANDISE AS SOON AS YOU RECEIVE IT. YOU MUST MARK ON DELIVERY RECEIPT IF THERE IS SHORTAGE. Please see our Returns policy for more details. Use only one line per item, all quantities are to be reported. All items submitted will require the original purchase order, invoice or sales order number. A copy of your signed delivery receipt must be submitted with your form.

ALL SHORTAGE CLAIMS MUST BE MADE WITHIN 24 HOURS OF RECEIPT.

SWAN PART NUMBER	QTY	ORIGINAL ORDER NUMBER	REPLACEMENT PURCHASE ORDER NUMBER

SHIP REPLACEMENT TO:	OFFICE USE
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