



Corporate Showroom & Headquarters
13259 Ralston Avenue
Sylmar, CA 91342
Toll-free 800-443-5443
www.threehands.com

CLAIM PROCEDURES

- Inspect all packages, report any visible damage or shortages to the carrier, and record it on the BOL (Bill of Lading) or POD (Proof of Delivery) prior to acknowledgement of receipt (if applicable).
- All concealed shortages must be reported in writing within 48 hours of receipt of goods.
- All concealed damages must be reported in writing within 10 days of delivery but no later than 30 days from the invoice date.
- Pictures of each item showing visible damage are required for all claims (items sold in sets must be taken in one picture if all items in set are damaged and damages for each item must be visible).
- All claims must be emailed with completed claim form, picture(s) with visible damage to: customerservice@threehands.com and the subject line should indicate the name of your company and "claim" (example: ABC Company Claim).
- Please note, we only allow one claim per invoice. Claims made for additional items on invoice after initial claim has been submitted will be denied. If you have multiple invoices, please use one claim form per invoice.
- Credit amount will be determined after receipt of claim.
- All correspondences concerning claims must be emailed to customerservice@threehands.com
- **NO CLAIMS ARE ACCEPTED AFTER 30 DAYS FROM THE INVOICE DATE.**

CLAIM FORM

Account# _____ Company Name: _____ Claim Date: ____/____/____

Email: _____ Phone#: _____

Invoice# _____ Invoice Date: ____/____/____ Purchase Order# _____

Item# _____ Description: _____ Qty: _____ Size (if Set): _____ Price: _____

Problem/Issue: _____

Item# _____ Description: _____ Qty: _____ Size (if Set): _____ Price: _____

Problem/Issue: _____

Item# _____ Description: _____ Qty: _____ Size (if Set): _____ Price: _____

Problem/Issue: _____

Item# _____ Description: _____ Qty: _____ Size (if Set): _____ Price: _____

Problem/Issue: _____

Item# _____ Description: _____ Qty: _____ Size (if Set): _____ Price: _____

Problem/Issue: _____

FOR OFFICE USE ONLY

Claim Form Pictures Invoice Pick Ticket/BOL POD

CLAIM TOTAL: _____