\*Business Account Number: Enter number

\*Business Name: Enter name

\*Business Contact Number: Phone #

\*Business Email: Email Address

**Please note: Replacements can only be issued in full sell packs not by each.**

Control + A, F9 to refresh formulas

\*Invoice/Shipment Number: Type number

 Invoice Terms: Terms

\*Requestor’s Name: Enter your name \*Date of Request: Today’s date. \*Credit or Replacement: Choose

**Credit/Replacement Request Form**

All starred fields MUST be completed for credit/replacement to be processed. All incomplete forms will be sent back to sender. Any claim over $150 per item or multiple pieces of one item must include a photo. Photos must be labeled with item number and if not included with this form, the account number and invoice must be included in email.

**Completed forms should be emailed to** **Claims@GersonCompany.com**

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**For Claims Internal Use Only**

Completed by: Enter text Date: Date completed Credit Memo Number: CM #

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Gerson Item # | \*Quantity | \*UOM | \*Reason for ClaimFor individual items sold in sets, select “Each” and indicate size below | Unit Cost | Extended Cost |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  | Select  |  |  | $ 0.00 |
|  |  |  |  | Total Cost | $0.00 |