**Logistics Department**

**Loss and Damage Claims Procedure**

**CARRIER RETURN AUTHORIZATION**

|  |
| --- |
| General Information |
| Carrier Name: |  | Attention: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Original Pro Number: |  | Our Claim Number: |  |
|  |  |  |  |

Please use this authorization to pick up & return the damaged product covered by the above PRO.

This shipment is to be returned on a Free Astray basis.

|  |  |
| --- | --- |
| Pick Up From: | Ship To: |
| Shipper Name: |  | Consignee Name: |  |
| Address: |  | Address: |  |
| City: |  | City: |  |
| State: |  | Zip: |  | State: |  | Zip: |  |
| Phone # |  | Phone # |  |
| Fax # |  | Fax # |  |
| Email: |  | Email: |  |
|  |  |  |  |

**Product to Be Returned**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Product Description** | **SKU** | **Weight** | **Cost Per Unit** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Once shipment is delivered to the consignee, please provide the return Pro Number and a copy of the delivery receipt, so that we may update our claim file.

If you have any questions or have any problems arranging for this pick up and/or delivery, please contact this writer:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_