**Logistics Department**

**Loss and Damage Claims Procedure**

**CUSTOMER RETURN AUTHORIZATION**

|  |
| --- |
| General Information |
| Customer Name: |  | Attention: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Carrier and Original Pro Number: |  | Shipper: |  |
| Our Claim Number/Invoice Number: |  | Consignee: |  |

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

This shipment is to be returned by the same carrier making the original delivery and the BOL should be marked “Free Astray” or “FA” on the BOL.

|  |
| --- |
| Pick Up From: |
| Shipper Name: |  | Email Address: |  |
| Phone Number: |  | Fax Number: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |

|  |
| --- |
| Ship To: |
| Consignee Name: |  | Email Address: |  |
| Phone Number: |  | Fax Number: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |

**Product to Be Returned**

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

Advise carrier, that once this shipment has been 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 and provide credit if warranted.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Your Name: |  |
| Title: |  | Date: |  | Your Signature: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Writer Name: |  | Writer Signature: |  |
| Phone: |  | Fax: |  | Email: |  |