



Claim Submission Form

Dealer

Name	<input type="text"/>	Date	<input type="text"/> D <input type="text"/> M <input type="text"/> Y
End User/Project	<input type="text"/>	Universal #	<input type="text"/>
Contact Name	<input type="text"/>	Original PO #	<input type="text"/>
Contact Phone #	<input type="text"/>	Original SQ #	<input type="text"/>
Contact E-mail	<input type="text"/>		

Please note: incomplete forms will be returned

Contact Customer Support:
claims@studiotk.com or
855-941-0262

Installation

In Process? Y/N ☐

Completion Date

Company

Installer Name

Installer Phone#

Replacement Info

Ship-to-Name

Ship-to Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tagging

Product

Date Received

Was Product Placed in Storage? Y/N ☐

CBD

Delivery Contact

Contact Phone #

Description of the issue

Special notes (i.e., Open house date, need before date, after hours instructions, etc.)

ACK No./ Shipment No.	SEQ No.	Qty. Affected	Complete Product Code with Finishes	Reason Code*	Name of Image File

* Reason Code

1. Incorrect Item
2. Defective Product
3. Warranty
4. Concealed Short Shipment
5. Concealed Damage
(Photographs required prior to
packaging being removed)