

## ORGANIZER'S CLAIMS & ADJUSTMENT FORM

Account Information							
Customer Number:				Organization Name:			
Organizer's Name:				Organizer's Email:			
Phone Number:				Fax Number:			
Seller's Name	Order#	Catalog Item #	Descr	iption	Qty.	Listed on Packing Slip?	Missing or Damaged?
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
						Yes No	Missing Damaged
Customer Comments/Resolu	tion Desired						
this clarge address  Send  Chubble 339 V			this cla charges address Send y Chubb 339 W	obyChicoCharms appreciates your patience while we attend to your needs. Any items on laim that were not included in your previous invoices, will result in an additional invoice that es for that item only. All claims and adjustments will be processed and shipped to the organization ess on file.  your completed order form to:  Email: JC@chubbychicocharms.com  Woonasquatucket Ave, h Providence, RI 02911			