



Wholesale Glass Vases International

4063 Temple City Blvd.  
El Monte, CA 91732

TEL: 626-452-8268  
FAX: 626-452-0899  
EMAIL:  
[claim@WholesaleGlassVasesInt.com](mailto:claim@WholesaleGlassVasesInt.com)

### CLAIM FORM

To process your claim, please follow the two procedures below:

- 1) Please fill out this form completely. Incomplete information will delay the process of the claim.
- 2) Take an image of the total vase damage and attach along with this claim form.

Upon completion of this form, please fax this form and images to (626) 452-8268 or email a copy to [claim@WholesaleGlassVasesInt.com](mailto:claim@WholesaleGlassVasesInt.com). After submitting your claim, you will be receiving a confirmation via the email you provided to us. If you did not receive it within the 24-hours, please resubmit your claim or contact our office. It is your responsibility that we receive your claim.

\*\*\* PLEASE NOTE THAT COMPLETE CLAIM MUST BE FILED WITHIN THE 15 DAYS. UNCOMPLETE CLAIM WILL NOT BE HONORED.

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CUSTOMER INFORMATION		
CLAIMANT NAME (FIRST, LAST)	CONTACT NUMBER (     )     -	EMAIL ADDRESS:

PURCHASE INFORMATION		
INVOICE NUMBER	CUSTOMER ID (LOCATED ON INVOICE)	
PAYMENT METHOD VISA / MASTER / TERM _____	SHIPPING COMPANY	RECEIVED DATE ____ / ____ / ____

DAMAGE INFORMATION	
DESCRIPTION OF OUTER BOX	
DESCRPITION OF INNER BOX	
OTHERS	

CLAIM INFORMATION		
LIST TRACKING NUMBER FOR DAMAGES	ITEM NUMBER	PIECES DAMAGES
TRACKING #		
TRACKING #		
TRACKING #		
TRACKING #		

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY
REF # _____
DATE RECEIVED ____ / ____ / ____