



# Claim Form

Phone: (757) 855-0800  
 info@wing-tai.com

PLEASE EMAIL [claims@wing-tai.com](mailto:claims@wing-tai.com)  
 OR FAX TO (757) 855-6227

Date: \_\_\_\_\_

Sold To	
Name:	_____
Contact:	_____
Zip Code:	Fax: _____
Email:	_____
Invoice:	Date: / /

**ALL CLAIMS MUST BE REPORTED WITHIN 14 DAYS**

Please return this form with pictures of items showing the damages. If damage is not visible (example candle) please remove plastic casing/wrapping and use a marker to write "damaged" on the product.

We apologize for any issues with your shipment. Your help in completing this form is appreciated.

Please allow 3-5 business days for the claim to be processed.

Product Number	Description	Orig Qty Shipped	Qty Claimed	Unit Price	Action	Issue
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	

Notes: \_\_\_\_\_  
 \_\_\_\_\_

# of Boxes Received: \_\_\_\_\_  
 Is Outer Box Damaged? \_\_\_\_\_  
 Is Inner Box Damaged? \_\_\_\_\_

How would you like us to Respond:

Phone  Fax  Email

Contact#: \_\_\_\_\_

WING\_TAI TRADING INC Response:

Replace Product  Credit Account  Dispose Product  Credit Acct upon Return

Hold Products for 7 days in original box for inspection, dispose in 7 days if no inspection

Returned Product

Other \_\_\_\_\_

**For Office Use Only:**

Date Order Shipped \_\_\_\_\_ # of Boxes \_\_\_\_\_ REP \_\_\_\_\_

IR# \_\_\_\_\_ CM# \_\_\_\_\_ FX# \_\_\_\_\_

Return Product Address

WING\_TAI TRADING INC  
 3559 Argonne Ave,  
 Norfolk, VA 23509-

The claim needs to be confirmed by Wing Tai Trading before merchandise can be returned.