LCW Claim and Return Form

Complete and submit for approval via HelloSign

or email to: sales@leftcoastwholesale.com



Before completing this form, be sure to review our Claim & Return Policy by visiting our on our website: https://www.leftcoastwholesale.com/policies/

Account Nar	me:							
Contact Name: (First & Last)			Phone Number:			Email:		
Sales Order Number: PO Number:			Order Date:		Date Received:	<u> </u>	Within Warranty? [] Yes [] No	
Product 1T	racking Num	ıber:						
Qty:	Product Description:					[] Wrong Item [] Missing Item
(if applicable) Batch Code: Ma		Manufacture	e Date Exp		Date:	[] Defective/Expired] Damaged
Product 2 Ti	racking Num	ber:						
Qty:	Product Description:					[] Wrong Item [] Missing Item
(if applicable) Batch Code: Manufacture		Date Exp D		Date:	[]] Defective/Expired [] Damaged	
Product 3 T	racking Num	ıber:						
Qty:	Product Description:]] Wrong Item [] Missing Item
(if applicable) Batch Code: Ma		Manufacture	Manufacture Date		Exp Date:] Defective/Expired [] Damaged
Product 4T	racking Num	ıber:						
Qty:	Product Description:					[] Wrong Item [] Missing Item
(if applicable) Batch Code: Manufacture		Date Exp D		Date:	[] Defective/Expired [] Damaged	
Customer C	laim Details:							
Return Pack	kage Info: F	Please use inch	nes and pou	ınds				
Package 1	Length x Wid	lth x Height:	Weight:		Package 2	Ler	ngth x Width x Height:	Weight:
Package 3	Length x Wid	Ith x Height:	Weight:		Package 4	Ler	ngth x Width x Height:	Weight: