

1130 Via Callejon, San Clemente, CA 92673 Phone: 800-248-1983 E-mail: CustomerCare@joanbaker.com

CLAIM FORM

Please fax to: 800-559-8641

to file claim & to receive required Return Authorization Number if a return is necessary.

| Customer #: JBD Order #: Date of Claim: FedEx/UPS Ro | uting #: | Sold to: | | | ment. | | y issues with your o in completing this preciated. |
|---|---|--|----------------------------------|----------------------------|--|------------------|---|
| Contact Zip Code of Bill To Address Fax Phone E-mail | | | | | All claims must be reported within 7 days. If you would like us to file a damage claim with the shipper on your behalf, damaged merchandise MUST be kept with original box so that we can. | | |
| Qty. Item N | | Description | Price | Acti Reque Credit | ested | Problem Code* | *Problem Codes A - Damaged during shipping B - Quality issue C - Wrong item sent D - Shortage E - Overage F - Other (Please describe below.) |
| How v to Act Joan Bak | vould you like Joar respond to this cl ion Customer to er Designs' respo | aim report? INTERNAL I take: Dispose of prod Account credite | ☐ Phone ☐ E-mai JSE ONL duct ed | e [[Y Retur | Fax No re | esponse ne | cessary |

CC-1 1-Jan-09