Shortage Request

Date:

Number of pages including cover sheet:

To:	**Claims Department**
Company	**Tuxton China Inc**
Fax:	**909-595-5353**
Phone:	**909-595-2510**

From:	
Company:	
Fax:	
Phone:	

***If the shipment is either will call, 3rd party bill or collect, Tuxton China will not be responsible for shipping claim, replacment and credit issued. The Shipment must be count before pick up.**

PO# _____ **(Required)**

Invoice# _____ **(Required)**

Carrier: _____ **(Required)**

*** If there is any Proof of Delivery, please fax it with this request form.**

Please fill the damaged/shortage items below:

Item#	Description	Quantity (case, dz or pcs)

Overage (items you have received that you did not order):

Item#	Description	Quantity (**case, dz or pcs**)

Note: _____

Replacement: _____ Yes _____ No
(If yes, please fill the ship to information below)

Ship to : Company: _____

Address: _____

_____

Tel#: _____

After we received the request, we will process it within 48 hours.
If you have any questions, Please contact us at (909) 595-2510

Claims Department
Tuxton China Inc

Form last updated 01/21/2008