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## DAMAGE/SHORTAGE REPORT FORM

**REQUEST FOR:**     **REPLACEMENT**     **CREDIT**   

Customer Name			
Address			
City / State / Zip			
Country			
Phone#		Fax#	
Customer Order #			
Date of Arrival			
Payment Type			
Carrier			
Tracking #'s			

<b>Description of Problem:</b>

Item #	Description	Short/Damage	Units	Cost	Sub Total

**Total:**

<b>Product Returned Date</b>		<b>Credit for Product Date</b>	
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