



# Claim Form

**PLEASE EMAIL [claims@oakstreetwholesale.com](mailto:claims@oakstreetwholesale.com)**

**OR FAX TO (309) 691-3675**

**Phone: (309) 691-3650**

**[oakstreetwholesale@gmail.com](mailto:oakstreetwholesale@gmail.com)**

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

Sold To	
Name:	
Contact:	
Zip Code:	Fax:
Invoice:	Date:

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

**So We Can File A Claim With The Shipper On Your  
Behalf. Please Keep Damage Merchandise In  
Original Box For Shipper Inspection.**

**ALL RETURNS REQUIRE AN AUTHORIZATION #**

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

Product Number	Description	Orig Qty Shipped	Qty Claimed	Unit Price	Action	Issue	Issue
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		A Damage
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		B Defective
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		C Wrong Item Sent
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		D Left Out
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		E Poor Quality
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		F Dissatisfied
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		G Did Not Order
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		H Past Cancel Date
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace		I Other

Describe Issue: \_\_\_\_\_

# of Boxes Received: \_\_\_\_\_

Is Outer Box Damaged? \_\_\_\_\_

Is Inner Box Damaged? \_\_\_\_\_

## How would you like us to Respond:

- ☐ No Response Necessary  
☐ Phone ☐ Fax ☐ Email  
 Contact#: \_\_\_\_\_  
☐ Please have a manager call me

## Oak Street Wholesale, 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 - Authorization # \_\_\_\_\_  
☐ Other \_\_\_\_\_

## For Office Use Only:

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

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

## Return Product Address

Oak Street Wholesale, Inc.

6517 North Galena Road

Peoria, IL 61614-

Attn: RETURN AUTHORIZATION # \_\_\_\_\_