



3900 W. 34TH STREET NORTH • PO BOX 1841 • SIOUX FALLS, SD 57101-1841  
605-336-3080 • FAX 605-336-3043 • 1-800-353-3080  
www.tsf.com

### Tsf Claim Initiation Form

The following to be filled out by Tsf retail customer:

Date: \_\_\_\_\_  
Claim Initiation Date

Retailer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consumer Address: \_\_\_\_\_  
City State Zip

Reason for Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Tsf Invoice Number: \_\_\_\_\_

Manufacturer of Product: \_\_\_\_\_

Description of Product: \_\_\_\_\_

**Instructions: A copy of your original invoice, a sample of the product in question and a copy of your labor bill must be submitted along with this form to initiate a claim. Your claim will not be processed until Tsf receives these items.**

#### Retailer Check List:

Claim Initiation Form: \_\_\_\_\_  
Fax or Mail to Don Gaddis (888-336-3043)

Sample of Defective Product: \_\_\_\_\_

Copy of Original Invoice: \_\_\_\_\_

Copy of Labor Bill: \_\_\_\_\_