

The following to be filled out by TSF retail customer.

Date _____

Claim Initiation Date

Retailer Name _____ Phone _____ Fax _____

Retailer Contact _____ Phone _____ Fax _____

Consumer Name _____

Consumer Address _____

City _____ State _____ Zip _____

Complaint and Resolution:

Reason for Complaint

Date of Purchase _____ TSF Invoice Number _____

Manufacturer of Product _____ Description of Product _____

Brief Description of Requested Resolution

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 (888.336.3043) or Email (info@tsf.com) to Amy Dierks.)

Sample or Photo of Defective Product Copy of Original Invoice Copy of Labor Bill