

The following to be filled out by TSF retail customer.

Date \_\_\_\_\_

Claim Initiation Date

Retailer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Retailer Contact \_\_\_\_\_

Consumer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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