



CUSTOMER SERVICE DISCREPANCY FORM

All fields **MUST** be completed.

Contact: _____ Email: _____
 Account Name: _____ Phone: _____
 Account No: _____ Fax: _____
 SO & PO No's: _____ Ship to No: _____
 Rep Name: _____ Rep No: _____

Item #	Description	QTY	UOM	Each \$	Extended Cost

TOTAL:

Over: Short: Damage:
 Possible Carrier Damage: Accepted: Refused

Product Issue (Brief description of issue is required **)**

Please send complete form to claims@toysmith.com or fax #1-800-435-0703

Name: _____ Date: _____