



# Claim Form

**PLEASE EMAIL [info@timeconceptinc.com](mailto:info@timeconceptinc.com)**

**Phone: (310) 808-9366**

[info@timeconceptinc.com](mailto:info@timeconceptinc.com)

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

**OR FAX TO (310) 882-6425**

**Photo required for damaged or defective items where applicable.**

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

**ALL CLAIMS MUST BE REPORTED WITHIN  
15 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
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	A Damage B Defective C Wrong Item Sent D Left Out E Poor Quality F Dissatisfied G Did Not Order H Past Cancel Date I Other
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	
					<input type="checkbox"/> Credit <input type="checkbox"/> Replace	

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

**Time Concept 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**

Time Concept Inc.  
 1842 West 169th St., Building B  
 Gardena, CA 90247-  
 Attn: RETURN AUTHORIZATION # \_\_\_\_\_