

NANCO CUSTOMER PROBLEM WORKSHEET

* Required Field.

* Account Name: _____ * Customer Number: _____
 * Contact Name: _____ Date: _____
 * Phone Number: _____ Invoice Number: _____
 E-Mail Address: _____ Order Number: _____
 Sales Representative: _____

DETAILED ITEM DESCRIPTION

Specific Problem Type	Qty	Item #	Description	Unit Price	TOTAL
SubTotal					
Shipping					
TOTAL					

ADDITIONAL COMMENTS

All merchandise is shipped F.O.B. our warehouse. THE CARRIER IS YOUR AGENT AND CLAIMS MUST BE MADE DIRECTLY BY YOU TO THE CARRIER. Our liability ceases after we have the carrier's signed bill of lading receipt. Our customer service department will make every effort to assist you where necessary.

NO MERCHANDISE WILL BE ACCEPTED UNLESS WRITTEN AUTHORIZATION HAS BEEN GIVEN BY OUR CHELSEA OFFICE. Shortage claims must be made within 10 days after receipt of shipment.