



## CLAIM SUBMISSION FORM

In case you find any issues with materials purchased at Wraptrade.com, **please fill in this Claim Submission Form with as many details as possible.** The information you provide will help us investigate the issue and forward the claim to the manufacturer without delay.

### Customer details:

Company name:	
Contact person, email address:	

### Claim details:

Material name, product code:	
Roll number: (as on our <i>Stock outbound</i> document)	
Date of purchase, invoice nr.:	
Quantity ordered:	
Problematic quantity:	
Problem description: (please provide appropriate details, e.g. what is the (visible) issue, has the material already been installed, etc.)	
Are samples available?	<input type="checkbox"/> yes <input type="checkbox"/> no
Attachments: (please send us <i>at least 2-3 good resolution photos</i> of the problem)	<input type="checkbox"/> photo <input type="checkbox"/> video

### Compensation request:

In case the claim is accepted, please indicate your compensation request:

- refund                       replacement material

Please send this Claim Submission Form, together with all additional photos or videos to [info@wraptrade.com](mailto:info@wraptrade.com). We will be in touch shortly. Thank you.

**Date of issue:**

**signature**

