

*Requestor's Name:

1450 S. Lone Elm Road Olathe, KS 66061 Fax: 800.301.4548 gersoncompany.com claims@gersoncompany.com

*Credit or Replacement: Choose

Credit/Replacement Request Form

All starred fields MUST be completed for credit/replacement to be processed. All incomplete forms will be sent back to sender. Any claim over \$50 per item or multiple pieces of one item must include a photo. Photos must be labeled with item number and if not included with this form, the account number and invoice must be included in email.

Completed forms should be emailed to Claims@gersoncompany.com

*Date of Request:

*Business Account Number: *Business Name:				*Invoice/Shipment Number: PO Number:		
*Business	Contact Nur Email:	mber:		Please note: Replacements can only be issued in full sell packs not by each.		
*Gerson Item #	*Quantity	UOM	*Reason for Claim For individual items sold in sets, select "Each" and indicate		Unit Cost	Extended Cost
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
		Each				
					Total Cost	