

NOELLE, LLC

Claim Form

DATE: _____

PHONE: _____

PLEASE EMAIL TO: csinfo@noelleent.net

SOLD TO:	
NAME: _____	
CONTACT: _____	
ZIP CODE: _____	FAX: _____
INVOICE: _____	DATE: / /

ALL CLAIMS MUST BE REPORTED WITHIN

30 DAYS

Please keep damaged merchandise in original box
for shipper inspection

ALL RETURNS REQUIRE AN APPLICABLE INVOICE #

SIMPLY *Noelle*®

We apologize for any issues
with your shipment. Your help
in completing this form is
appreciated!

PRODUCT NUMBER	PRODUCT DESCRIPTION	ORIG QTY SHIPPED	QTY CLAIMED	UNIT PRICE	ACTION	ISSUE	ISSUE REASONS
					<input type="checkbox"/> CREDIT		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"/> CREDIT		
					<input type="checkbox"/> CREDIT		
					<input type="checkbox"/> CREDIT		
					<input type="checkbox"/> CREDIT		

DESCRIBE ISSUE: _____

OF BOXES RECEIVED: _____

IS OUTER BOX DAMAGED? YES NO

IS INNER BOX DAMAGED? YES NO

How would you like us to respond?

No Response Necessary

Phone Fax Email

Contact # _____

Please have a manager call me

Noelle, LLC Response:

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 - Invoice # _____

Other _____

FOR OFFICE USE ONLY

Date Order Shipped _____ REP _____

of Boxes _____ IR# _____ CM# _____ FX# _____

RETURN PRODUCT ADDRESS

Noelle, LLC
2365 NC Hwy 210 W.
Hampstead, NC 28443
ATTN: Return Invoice # _____