Grinnell, IA	Title: **Customer Claim Form**	Approved By: NPI Mngmt. Team	Reference:	Rev. Date: 08/05/15	Doc. No.: 850 CUS

Claim Date: _____ **Approval Date:** _____ (for NPI use only) **NonConformance #:** _____ (for NPI use only)

Claimant Type:

☐ Loss ☐ Shortage ☐ Damage

☐ Other: _____

Received Date: _____

Shipper: _____

Pro Number: _____

Shipment Detail:

Recipient's or Consignee's Information:

Company Name:			
Primary Contact:			
Phone Number:			
Address:			
City:			
State:		Zip Code:	
Email:			

Product Description	Lot Code	Qty of Prod.	Unit	Amount ($)
	TOTAL:			

Detailed statement of how/when loss/damage was noticed: Please include date, time, package/pallet condition, etc.

To ensure proper processing of this claim, the following documents must be included:

☐ Copy of Package Slip, if applicable ☐ Copy of Receiving Inspection Report

☐ Copy of Bill of Lading ☐ Photos of Packaging / Issues

***All product must be held till claim is finalized or dispositioned by NPI.**

****Additional information and documentation may be requested if necessary.**

Notes / Comments:

The foregoing statement of facts is hereby certified as correct:

Claimant's Name Claimant's Signature Title Date

Please return the completed form and required documentation to: E-mail: rob@npisoy.com or jon@npisoy.com | Fax: 641-236-4835 | Natural Products, Inc. 2211 Sixth Ave. Grinnell, IA 50112

Note: *Any and all claims must be within five (5) business days after the delivery of goods, except for international market. International customer claims must be within ten (10) business days upon sight of goods. Claims not filed within the prescribed alloted time frame shall be barred and not paid. Where claims are not filed in accordance with the forgoing provisions Natural Products, Inc. shall not be liable and such claims shall not be paid.*

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