



DEFECTIVE/OFF-GRADE PRODUCT CLAIM FORM

CUSTOMER INFO:

Company Name: _____

Billing Address: _____

Phone Number: _____

Email Address (optional): _____

DEFECTIVE PRODUCT

Order #/Invoice #: _____

Item #/Product Description: _____

Manufacturer: _____

Manufacturer Inkjet Description: _____

Production Date: _____

Description of Defect: _____

Please email this form to your sales rep, or to jackmoore@moorenewton.com, along with a photograph of the defect and a photograph of the complete inkjet stamp found on the edge of the defective sheet.