

Boston International, Inc.
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BOSTON INTERNATIONAL

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CUSTOMER SERVICE ACTION REQUEST FORM

ALL ISSUES WILL BE COMPLETED WITHIN 7 DAYS OF THE INITIAL INQUIRY

Please fill out this form for your request to be processed

Date: _____

Company Name: _____ Account #: _____

Phone #: _____ Contact Name: _____

Email: _____ Fax: _____

Invoice # & Date: _____ (or) Order #: _____ Terms: _____

Problems (include sku #'s, product description, quantities and price)

Price

SKU #	Qty	Product Description	Per Each/Total	Describe damages - please be specific
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Credit Total \$ _____

Carrier Tracking #: _____

(Damaged Box Only)

When the carton(s) was received did you sign for it as damaged: YES ☐ NO ☐

Detailed Description of Carton Damage: (include information about outside carton and contents inside carton)

Overall Comments:

Name (Please Print)

Signature & Date

Our policy is to replace & credit.

Resolution of claim will be faxed or emailed upon completion.

**** BELOW THIS BOX INTERNAL USE ONLY ****

Fax/Call Taken By: _____ Territory Rep: _____ Original Sales Rep: _____

Actions:

Replacement Order # : _____ Date/Initial: _____

Credit #: _____ Date/Initial: _____

RA/Call Tag #: _____ Date/Initial: _____

Copy to warehouse manager: Yes ☐