



REQUEST FOR CLAIM PAYMENT

If you are filing your claim electronically, please complete this form online. To fax or mail your claim, please complete this form, using black ink only. Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. The preceding letter includes instructions on filing a claim and a toll free fax number for your convenience 24 hours a day. For future reference, this claim is identified by Claim Number 67551980, and Shipper Number 4W54R8.

Declaration: By my signature below, I certify that the information provided in this Request for Claim Payment and all communications related to this Request, including but not limited to statements as to the actual content and value of items that have been lost or damaged, are true and accurate to the best of my knowledge, and that this Request has been submitted in good faith.

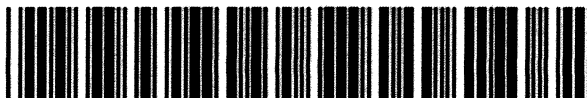
Signature of Claimant: *O. Bezalety* Name: OREN BEZALELY Date: 07/19/2019
(print) (mm/dd/yyyy)

SHIPMENT TO: RICKY SANDERS 28 CEDAR POINT TRL COLUMBIA MS 39429			
Shipper Number.....	4W54R8	Pickup Date.....	04/19/19
Number of Parcels.....	1	Weight.....	66 LBS
Tracking Identification Number...	1Z4W54R80300965455		
Merchandise.....	2 OF 2 O2 Audio ELA1200 12 Inch Speaker		
Could this merchandise be replaced for your customer?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If damaged, is the merchandise repairable?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If damaged, UPS may issue a Recovery Call Tag to take possession of the merchandise.			
Quantity	Merchandise Description	Specify Dollar Amount and Indicate Whether Actual, Replacement or Repair Cost	
<u>2</u>	<u>oxigen ELA1200 12 inch spkr</u>	<u>50 (each)</u>	
	Transportation Charges:	<u>60 (please adjust - I dont recall)</u>	
	Total Amount Requested:	<u>160</u>	
Please provide a contact name and telephone number in the event further communication is necessary.			
CONTACT NAME: <u>OREN BEZALELY</u>		PHONE: <u>516 424 7985</u>	
Please provide any additional Tracking Number(s) for the above shipment:			
Tracking Number(s):			

To File a claim by Fax:
Fax this completed Request for Claim Payment form and your other documents to: **1-888-458-7703**
To File a claim by Mail:
Mail this completed Request for Claim Payment form and your other documents to:

Claims Processing Center
P.O. BOX 1265
Newport News VA 23601-1265

OCC1KCS:000A0000



LDI 35

AAX587H603

Date: 4/17/2019
Invoice#: 81930
WebOrder#: 2001362991430006 161944217707

Billing Details

First Name: Ricky
Last Name: Sanders
Email: rs@gruber-law.com
Order Source: ebay73capriceclasic
Phone Number: N/a

Item Qty PACKING LIST

O2 Audio ELA1200 2 50
 Shipping 55

Claim# 6755190

\$ 155.00

Shipping Details

Name: Ricky Sanders
Address: 28 Cedar Pt Trail
 Columbia
 MS, 39429
 UNITED STATES
Shipping Method: UPS
Date Shipped: 4/19/2019

Returns Processing

This Sheet must be included in the return package, returned in ORIGINAL BOX

Returned packages will be thoroughly inspected in accordance with our inspection criteria and a determination will be made if eligibility requirements are met for credit, replacement, exchange or repair. Returns accepted within 30 days of purchase.

Any discrepancies will result in the package being returned to the customer (at the customers expense) and credit or replacement will NOT be issued. Please be sure to follow the guidelines to avoid any delay or denial of processing your return

Please allow up to 10 business days for your return to be processed

We shall have sole discretion as to the credit method. We may issue a credit, ship a replacement product, exchange or we may repair the item and return it to you, a restocking fee of up to 20% may apply excluding the shipping charge

I have read the full returns instructions and understand that if the returned package does not meet the return requirements it will be shipped back to me at my expense

Customer Signature:

RMA#:
 Issued by Merchant

Reason For Return:
 include description of faults
 continue on back if necessary

Support / Returns Contact Email

