

Claim Request Form

Please Tick Appropriate Box

- Customer
- Distributor

Please fill out this form and email to: info@blhsafety.com

Order Date: _____

Order # _____

<u>CONTACT INFORMATION</u>	
Company Name: _____	Contact Name: _____
Address: _____	Date: _____
_____	Phone: _____
_____	Email: _____

Batch / Part #	Description of Items	Quantity	Reason for Return

**Please note: We will review your request within 5 days of receipt.
For full description of claims refer to the BLH Safety Solutions Terms & Conditions.**