

Furn El Chebbak
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F.S. OFFICE SUPPLIES

(Fadi SUIDAN)

RC Baabda 2007068
 TVA #1227018-601

Defective Product CLAIM FORM

DELIVERY ADDRESS:

First Name	:	
Last Name	:	
Company	:	
Street Address	:	
City - Country	:	
State/Province	:	
Phone Number	:	
E-Mail	:	

IMPORTANT:

- This document only represents a Claim Request to return products to [FS Office Supplies](#).
- The articles must be returned with their original undamaged packing (without any labels or writing).
 - It is necessary to attach to Articles the Claim Form + printed copies emphasizing the defect.
 - [FS Office Supplies](#) warranty does not cover damages by operator, technician, or machine (including rotational scratches, gouges, scuff marks, or line scratches).
 - [FS Office Supplies](#) does not warrant any OEM drums, toners, developers, cartridges, or imaging units.
- The articles identified as defective shall be credited, or replaced by new items.
 - The authorization to return articles expires within 30 days, from date of approval.

CUSTOMER REPORT

IT IS NECESSARY TO FILL THE FOLLOWING BLANKS:

Machine Name and Model #				
FS Article code	Description	Quantity	PO# : Invoice Number	Invoice Date
Detailed Description of Problem				

The article is to be credited	
The article is to be replaced by a new item	

SIGNATURE &/or COMPANY Stamp

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