



7401 Wiles Road, Suite 333
Coral Springs, FL 33067
TEL#: 1-954-379-8241
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Damage Goods Reorder Form

Customer Name: _____

Date Shipment Received: _____

Order Name/ Number: _____

Replacement Needed (must be consistent with signed POA)

Copy of FEDEX Delivery Receipt/ Waybill Yes No

Picture(s) of damage Yes No

Comments:

Name: _

Signature:

Date: