



**1.866.200.8132**

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## Short Ship Claim Form

Date: \_\_\_\_\_

**Pick One:**      Credit Request      Replacement Order (items not shipped)

Invoice Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Quantity Ordered : \_\_\_\_\_      Quantity Received: \_\_\_\_\_

**Pick One:**      UPS Standard      UPS Expedited Mail

Expected ETA: \_\_\_\_\_

In order to begin your claim we will need a picture of the trims received showing the label/sku number.

Thank you for your patience as we work through this matter.

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**Please Email Back to: [support@versatrim.com](mailto:support@versatrim.com)**  
**or Fax Back to 252-430-8801**