

SHORTAGE CLAIM FORM



Shortage Policies:

-Claims for shortages must be made within **30 days** of receipt of shipment.
 -Shortage claims will be audited by 360 Yield Center before additional parts will ship.
 -A Shortage Claim Form must be completed for each distinct shipment in question.

Dealer Information

| | |
|------------------------|--------------|
| Dealership Name: _____ | Phone: _____ |
| Customer Number: _____ | Fax: _____ |
| Contact Name: _____ | Email: _____ |

Form Instructions

-Complete this form and return to 360 Support (support@360yieldcenter.com) or fax (309) 321-8257.
 -Upon receipt, Support will review your claim and perform an internal audit of your shipment.
 -Additional information may be requested by Support (pictures of shipment, other inquiries) during the investigation.
 -Upon resolution of your claim, if a short has occurred, 360 will send missing item(s).

Shipment Information

| | |
|----------------------------|----------------------|
| Destination Name: _____ | Delivery Date: _____ |
| Destination Address: _____ | Carrier: _____ |
| Destination City: _____ | BOL/Pro #: _____ |
| 360 ORDR #: _____ | |

Missing/Shorted Items

| Item Number | Description | Qty Missing |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Shipment Questions

Was the shipment delivered via parcel or LTL freight? _____

Was the original sealing of the shipment still intact?
 (Parcel box still taped/Freight pallet still shrink wrapped) _____

Is the missing Item and Qty displayed on the packing slip that accompanied the shipment? _____

When was a count of the contents of the shipment performed? _____

Who performed said count? _____

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for shorted parts, I certify that:

1. I have completely reviewed the contents of the shipment, including the surrounding shop and assembly area. I have searched for misplaced boxes or bags that may have been set aside.
2. The item and qty that I am requesting above were missing from the order # indicated above.
3. If my customer is claiming a shortage, I have personally discussed his/her verification procedures and if feasible, have driven onsite to review his/her shipment.

X _____ Date: _____
(Dealer Contact Signature)

Send Completed form to:

360 Yield Center, LLC
 Attn: Product Support
 180 Detroit Ave
 Morton, IL 61550
support@360yieldcenter.com
 fax: 309-321-8257
 telephone: 1-888-512-4890