



# Customer Claim Request

Today's Date: \_\_\_\_\_  
Number: \_\_\_\_\_

**Step 1: Please tell us about the Distributor (Customer):**

Company Name: _____	Cust Account # _____
Branch Location: _____	Customer PO# _____
Contact Name: _____	TOTO Order # _____
Address: _____	PO Date: _____
City, State, Zip: _____	Invoice # _____
Phone: _____	Carrier: _____
Fax: _____	BOL # _____
Email: _____	Tracking # _____

**TOTO**

TOTO Account Analyst: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
TOTO Sales Manager: \_\_\_\_\_  
Mfg. Representative: \_\_\_\_\_  
Branch Plant: \_\_\_\_\_  
Date Shipped: \_\_\_\_\_

**Step 2: What Happened?**

Approval Required

\_\_\_\_\_ Apparent Damage - **Must be signed for at time of delivery**

\_\_\_\_\_ Cast Iron Product (See approval box below)

\_\_\_\_\_ Customer Canceled Order, Dead Stock Return (See approval box below)

\_\_\_\_\_ Defective Valves & Faucets - **Must have a case number**

\_\_\_\_\_ Incorrect Pricing / Freight

\_\_\_\_\_ Mislabeled Box / Wrong Product

\_\_\_\_\_ Quote not Applied by Rep

\_\_\_\_\_ Shipment Overage

\_\_\_\_\_ Shipment Shortage

\_\_\_\_\_ Wrong Product Ordered by Customer (See approval box below)

\_\_\_\_\_ Wrong Product Ordered by Rep

\_\_\_\_\_ Wrong Product Ordered by TOTO Customer Service

\_\_\_\_\_ Wrong Product Shipped

\_\_\_\_\_ Other: \_\_\_\_\_

**Step 3: Action Requested**

Choose all applicable: Approval Required

\_\_\_\_\_ **Exception Request +\$500 (Sales Division President/VP)**

\_\_\_\_\_ **Exception Request -\$500 (Regional Sales Director)**

\_\_\_\_\_ Credit Price Difference (Misshipments)

\_\_\_\_\_ Issue Credit

\_\_\_\_\_ Reship Product

\_\_\_\_\_ Issue RGA (Return Product)

\_\_\_\_\_ TOTO to Arrange & Pay Freight

\_\_\_\_\_ Customer to Ship & Pay Freight

\_\_\_\_\_ 25% Restock Fee

\_\_\_\_\_ Other: Please Explain Below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step 4 - Comments & Explanations**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Tag:		Debit#	
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**Step 5 - Please Enter Your Product Information Here:**

	Quantity	Product Number	SI #	Invoiced	Correct Amount	Difference	Extended Amount
1				\$ -	\$ -	\$ -	\$ -
2				\$ -	\$ -	\$ -	\$ -
3				\$ -	\$ -	\$ -	\$ -
4				\$ -	\$ -	\$ -	\$ -
5				\$ -	\$ -	\$ -	\$ -
6				\$ -	\$ -	\$ -	\$ -
7				\$ -	\$ -	\$ -	\$ -
8				\$ -	\$ -	\$ -	\$ -
9				\$ -	\$ -	\$ -	\$ -
10				\$ -	\$ -	\$ -	\$ -
						<b>Total Credit Requested</b>	<b>\$ -</b>

**Internal Use**

TOTO Signature:	Approval Level
District Manager / Manager / Sales Representative: _____ Date: _____  Assistant & Acting Director / Senior Regional Manager: _____ Date: _____  Director / Senior Director: _____ Date: _____  Vice President: _____ Date: _____  President: _____ Date: _____	District Manager / Manager / Sales Representative: <span style="float: right;">\$1,000.00</span>  Assistant & Acting Director / Senior Regional Manager: <span style="float: right;">\$2,500.00</span>  Director / Senior Director: <span style="float: right;">\$10,000.00</span>  Vice President: <span style="float: right;">\$25,000.00</span>  President: <span style="float: right;">\$50,000.00</span>