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o: 618-244-2314

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CLAIM REQUEST FORM

Please fill out completely and return this form, along with photos of damaged product (if applicable) via email.

Any expenses incurred by you for either doing corrective work or by contracting any other party will not be the liability of PME unless PME has issued, in writing, a CLAIM ADJUSTMENT STATEMENT which indicates PME will accept the charges. PME retains the first right to cure as stated in the Uniform Commercial Code.

Be sure to hold on to the damaged part(s). If supplier requires part(s) to be returned and they are not returned, you will be liable for the cost.

Company Name _____ Date _____

Contact Name _____ Phone _____

Project Name _____ Serial No. _____

Address (where replacement parts are to be sent) _____

Type of Claim _____ Damaged Goods _____ Shortage(s) _____ Misfabrication _____ Other _____

Reason for Claim (be specific)

Have you called the supplier to troubleshoot? _____ *this may be required

Technician's name _____ Ticket No. _____

**I/We declare the above information to be true and correct to the best of my/our knowledge.
I/We acknowledge that if proper steps are not followed, that I/we may be liable for the cost incurred.**

Authorized Signature _____

Internal Use Only

Date Received RMA# Part(s) Received Part(s) Returned