



# SPRING FOOTWEAR corp.

House of European Comfort

## CLAIM REQUEST FORM

### INSTRUCTIONS:

Please return completed with supporting documents and images to [Claims@springfootwear.com](mailto:Claims@springfootwear.com)

#### Documents Needed:

1. Invoice/Packing Slip
2. Pictures of damaged goods/packaging/empty cartons from all ends.

#### Spring Footwear

**Customer ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Sales Order & Invoice #:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**Carrier:** \_\_\_\_\_

**Tracking #(If available):** \_\_\_\_\_

### Claim Submitted by:

Store **Spring Footwear**

**IMPORTANT NOTE:**  
**PLEASE DO NOT DISCARD ORIGINAL PACKAGING OR DAMAGED GOODS UNTIL FURTHER NOTICE.**

**CLAIM DATE:** \_\_\_\_\_

**CARRIER CLAIM #:** \_\_\_\_\_

In order for a request to be deemed claimable the information requested below along with the supporting documents must be provided. All claims will be reviewed within 1-3 business days.

CODE	DESCRIPTION
1	Lost Package
2	Damaged
3	Missing Goods

				U.S.	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	12	13				
	Item(s)	Color	width	Euro	35	36	37	38	39	40	41	42	43	44	45	46	47		Claim Code	Invoice#	Total Pairs	
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						

GRAND TOTAL

**NOTES:**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval Status: \_\_\_\_\_

\_\_\_\_\_