

# DEFECTIVE/DAMAGED PRODUCT REPLACEMENT FORM

**Please fill out the form below completing all the customer fields. Save and return the form to our claims team.**  
[claims@scholarschoice.ca](mailto:claims@scholarschoice.ca)

Original Invoice Information (*customer field*):

Customer ID (*office use*):

Scholars Choice Sales Order Number  
(*customer field*):

Product SKU Number (*customer field*):

Is the product a Crib or Stroller  
(*customer field - indicate YES or NO*)

YES

NO

Vendor Information (*office use*):

Description of Product Issue/with picture (*customer field*):

Is Customer disposing of the defective product? (*office use*):

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Replacement Invoice Information (*office use*):

Date of Replacement (*office use*):

Was the damage due to shipping?  
(*customer field - indicate **YES** or **NO***)

 YES  NO

Do you have a copy of the Bill of Lading (BOL) -  
(*customer field - indicate **YES** or **NO***)

 YES  NO

## Attachments

include in your email to [claims@scholarschoice.ca](mailto:claims@scholarschoice.ca):

- 1) This completed document
- 2) Pictures of the damaged products
- 3) If you indicated "**Yes**" to **Is the product a Crib or Stroller**" attach a picture of the **Manufacturer's Label** on the item
- 4) If you indicated "**Yes**" to **You have a copy of the Bill of Lading (BOL)**" please attach a copy