



Imaginative resources  
to excite young minds

# DEFECTIVE/DAMAGED PRODUCE REPLACEMENT FORM

**Please fill out the form below completing all the customer fields. Save and return the form to our claims team.**

**[claims@cosyusa.com](mailto:claims@cosyusa.com)**

Original Invoice Information (*customer field*):

Customer ID (*office use*):

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

Product SKU Number (*customer field*):

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@cosyusa.com](mailto:claims@cosyusa.com):

- 1) This completed document
- 2) Pictures of the damaged products
- 3) If you indicated "**Yes**" to **You have a copy of the Bill of Lading (BOL)**" please attach a copy