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## **Missing Parts/Damage Form**

Date: \_\_\_\_\_

Store Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Invoice Number: \_\_\_\_\_

Date Of Purchase: \_\_\_\_\_

Item # : \_\_\_\_\_

Color : \_\_\_\_\_

Specify Item: \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

\*\*\*Please provide pictures of the original packing, tag, serial number, full picture of damage closeup & far\*\*\*

**NOTE:** If form is not completed, it may take time for the reports to be processed or delayed.