

CLAIM INFORMATION SHEET

Buyer's Name: _____

Street Address / P.O. Box: _____

_____ City: _____

State / Province: _____ ZIP code: _____

Phone: _____ E-mail: _____

CLAIM DETAIL

Order number: _____

Merchant's Name: _____

I hereby certify that all information contained herein is, to the best of my knowledge, accurate and complete. By submitting this form, I understand that the submission of a false, fictitious or fraudulent statement could result in imprisonment for a period of up to five (5) years, and a fine of up to \$10,000, or both. In addition, I may be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than \$5,000 for each false claim (31 USC § 3802).

In the event that delivery of the original shipment is made subsequent to the date of this claim, I represent and warrant that I will refuse such delivery and notify the merchant immediately.

Signature: _____

Date: _____