

NOTIFICATION FORM

Complaint Processing

1-877-275-6323

Merchant Claim #		Printer Claim #	
Merchant Name		Printer Name	
Contact Name		Contact Name	
Contact Phone		Contact Phone	
		Merchant/Buyer	

Mill Information

Invoice #		Run or Roll #	
Grade Description		Size	
BS Wgt	Cover or Text	Color	PO or Order #

Claim Information

Quantity Rejected		Forms Rejected		Plies or Parts		
Circle One	Rolls Ctns Skids	For Carbonless Only		1 2 3 4 5 6		
Samples Submitted	Type:	Yes	No	Pressroom Information		
	Tape Pulls			Press Type		
	Printed Sample			Ink Type		
	Unprinted Sample			Ink Sequence		
	Photographs			Fountain PH		
	Film Positive			Pressroom RH		
	Label Circle One Roll Ctn Skid			Zone 1	Zone 2	Zone 3
			Oven Temperature			
			For Coated Web Only			

Nature of Claim (In Detail): _____

Debit Information

Press Charges:	Hours	Rate Per Hour	Total
Makeready			
Run Time			
Wash-Up			
Other - Explain			
Paper Charges:	Quantity	Cost - CWT	
Printed Stock			
Unprinted Stock			
Other Paper Charges			
Location of Rejected Stock:			
Debit Memo Number		Grand Total:	

Please breakdown all presstime charges. The presstime charges must be accompanied by printer's memo showing all the charges. Please attach the information to this claim form.