



# Logistics Claim Form

Thank you for completing this form within five days of damage received

Once complete, please send all required documents to [claims@bellaflooringgroup.com](mailto:claims@bellaflooringgroup.com)

## Retailer Information

\_\_\_\_\_  
Retailer Business Name

\_\_\_\_\_  
Retailer Account Number

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

## Carrier Information

**Carrier Name**

\_\_\_\_\_

**BOL Number**

\_\_\_\_\_

**Damage Noted On BOL?**    0 YES    0 NO

## Bella Product Information

**Bella Invoice Number**

\_\_\_\_\_

**SKU(s) & Quantity Damaged**

\_\_\_\_\_

\_\_\_\_\_

**For Bella Flooring Group to process this claim, we require ALL the following items.**

This completed form | Proof of purchase | Two pictures of damage

Thank you again for your attention to detail on this form. Please print, sign, and date below.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date