



Boston International, Inc.  
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 Franklin, Massachusetts 02038  
 USA

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 Toll Free: 800.637.5061  
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**CUSTOMER SERVICE ACTION REQUEST FORM**

ALL ISSUES WILL BE COMPLETED WITHIN 7 DAYS OF THE INITIAL INQUIRY

Please fill out this form for your request to be processed

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

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Invoice # & Date: \_\_\_\_\_ (or) Order #: \_\_\_\_\_ Terms: \_\_\_\_\_

Problems (include sku #'s, product description, quantities and price)

SKU #	Qty	Product Description	Per Each/Total	Price Describe damages - please be specific
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Credit Total \$ \_\_\_\_\_

Carrier Tracking #: \_\_\_\_\_

(Damaged Box Only)

When the carton(s) was received did you sign for it as damaged: YES  NO

Detailed Description of Carton Damage: (include information about outside carton and contents inside carton)

\_\_\_\_\_

Overall Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Signature & Date

***Our policy is to replace & credit.  
 Resolution of claim will be faxed or emailed upon completion.***

\*\*\*\* BELOW THIS BOX INTERNAL USE ONLY \*\*\*\*

Fax/Call Taken By: \_\_\_\_\_ Territory Rep: \_\_\_\_\_ Original Sales Rep: \_\_\_\_\_

Actions:

Replacement Order # : \_\_\_\_\_ Date/Initial: \_\_\_\_\_

Credit #: \_\_\_\_\_ Date/Initial: \_\_\_\_\_

RA/Call Tag #: \_\_\_\_\_ Date/Initial: \_\_\_\_\_

Copy to warehouse manager: Yes