# Customer Claim Form

*All fields required except where noted*

AVERY DENNISON

| ORDER INFORMATION | | CONTACT INFORMATION | |
|---|---|---|---|
| Customer ID#/Company | _____ | Customer Contact Name | _____ |
| Fasson Order # | _____ | Phone | _____ |
| Fasson Spec# | _____ | Email | _____ |
| Check One: | | Customer Reference # | _____ |
| ☐ Evaluation Only ($0) | | Credit Dollars Requested | _____ |
| ☐ Information Only (Feedback) | | | |
| ☐ Liability Claim | | | |

**Corrective Action Letter Needed? ___ N ___Y (If Yes, Tappi #'s Must Be Provided)**

## DESCRIPTION OF PROBLEM

*Example: Laminate wrinkles, near the core, 200' involved*

What is the issue?

When did it first occur?

In what part of your process are you experiencing the issue?

**Please Attach Converted & Unconverted Samples Showing the Defect (width by 5 -10 feet)**

## MATERIAL AMOUNTS *(Material Quality Issues only)*

| # Defective Rolls | Roll Width (IN) | Roll Length (FT) | Roll Tag # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## PLACE ROLL TAGS HERE *(Material Quality Issues only)*

**MATERIAL QUALITY ISSUES**

**MAIL** Completed Form and Samples to:

Label & Packaging Materials-NA
Material Quality Consultant
8080 Norton Parkway, Mail Stop 22-C
Mentor, Ohio 44060

**Billing or Material Claims**
**(No Testing Required)**

Billing Issues and other claims that do not require material samples, or can be captured in a photo:

- Roll Width Discrepancy: Photo of roll with ruler showing actual roll width and tag.
- Telescoped Rolls.
- Crushed Cores.
- Transit Damage: Must be submitted within 10 days of receipt of the shipment. Copy of the freight bill with notation of damage and photo of damaged goods required.

**Fax completed form and supporting documents to:**

**1-800-543-6282**




**Label & Packaging Materials-NA**
1-800-944-8511 *(Select Option 1 for billing, Option 3 for material quality issues)*
www.label.averydennison.com