



## Custom Express Claim Form

Customer Company Name: \_\_\_\_\_

Customer Number: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Purchase Order Number: \_\_\_\_\_

Sales Number: \_\_\_\_\_

Custom Express Date of Artwork Approval: \_\_\_\_\_

Custom Express Date of Shipment: \_\_\_\_\_

Claim Amount \$ \_\_\_\_\_ *(Claim amount subject to factory approval)*

*Claim must be made within 15 business days of order ship date.*

Email completed claim form to: [flagsource@flagsource.com](mailto:flagsource@flagsource.com)

