

B.A.C. Customer Claim Form

Fax claims to: 518-828-5639

Date: _____

Claim/RGA#

****RGA # Must Be on Boxes Returned****

One of the options below must be chosen for part replacement or for credit.

☐ Do you need a replacement part? OR ☐ Credit the part?

PART 1 – Dealer Information

Account #:

Dealer name: _____

Contact: _____

Address: _____

Phone #: _____

Reason for claim:

- | | | |
|--|--|--|
| <input type="checkbox"/> Defective Product (See Part 2)* | <input type="checkbox"/> Over Shipments (See Part 3)* | <input type="checkbox"/> Freight Damage (See Part 5) |
| <input type="checkbox"/> Warranty Repair (See Part 2)* | <input type="checkbox"/> Short Shipped (See Parts 3 & 5) | <input type="checkbox"/> Concealed Damage (See Part 5) |
| <input type="checkbox"/> Missing Pieces (See Part 3)* | <input type="checkbox"/> Pricing (See Part 4) | <input type="checkbox"/> Freight Charges (See Part 5) |
| <input type="checkbox"/> Incorrect Product (See Part 3)* | <input type="checkbox"/> Other (Explain): _____ | |

* All warranty and incorrect parts must be returned to BAC Sales, Inc. unless otherwise directed by Warranty Support.

PART 2 – Warranty Products Only (Please fill out all fields)

Part # & Description: _____

Owner's Name: _____

Stove Model #: _____

Address: _____

Serial #: _____

Address: _____

Install Date: _____

Phone: _____

Description of Problem and Solution:

Labor? ☐ Yes ☐ No Mileage: _____

PART 3 – Description (Please fill out all fields)

Part #: _____ Qty: _____ Unit S/N: _____ Original Inv: _____

Part #: _____ Qty: _____ Unit S/N: _____ Original Inv: _____

PART 4 – Pricing Errors: Attach a copy of the invoice with supporting documents and fax to A/R at 518-828-5639

PART 5 – Freight Damage/Shortage Claim/Concealed Damage MUST BE NOTED ON B.O.L.

Have the driver sign the bill of lading acknowledging the problem. A signed copy with damage/shortage noted will be required in order to process a claim and must accompany the claim form. If damages and, or shortages are not noted on the bill of lading, your claim will be immediately denied.

Note: Collect shipments: BAC is not responsible for damages on collect shipments. Claims must be filed directly with the carrier immediately upon receipt. The carrier is responsible for crediting the loss directly to your company

Concealed Damage: Claim must be filed within 5 working days of receipt of goods. Complete **part 3** and fax to 518-828-5639.

Short Shipments: Claim must be filed within 1 working day of delivery. Complete **part 3** and fax to 518-828-5639.

LTL/Truck Shipments Prepaid: Contact the carrier company.

UPS, FedEx & DHL Shipments: Contact the carrier company.

The Claim/RGA # must be referenced on all correspondence.

*****Ship all RGAs to: BAC Sales, Inc., 1871 Rte. 9H, Hudson, NY 12534, 800-873-1330*****