WRAP TITE®
"Your Source For Packaging, Shipping & Safety Supplies"

Complaint Form

6200 Cochran Rd. Solon, OH 44139 P: 440.349.5400 F: 440.349.5432 E: info@wraptite.com W: www.wraptite.com

CUSTOMER DETAILS	
Customer Name:	
Customer Address:	
Customer Complaint Contact Name:	
Date of Complaint:	
PO #	
Invoice #	
P21 Order #	
WRAP TITE SALES DETAILS	
Product Quality Issue Y/N:	
Other Issue (Please Describe):	
Cause of Complaint? **OE - Order Entry, CE - Customer Error, SE - Shipping Error, TI - Transit Issue, ED - Ext Defect, CD - Converting Defect, SD - Supplier Defect. O= Other (If O is chosen then a brief explanation is required)**	
Description of the problem:	
Item Number:	
Submitted by and date:	
P21 Order #	
Required photos available? (Please paste below)	
Sample Available(Y/N)	
Product Available for Return (Y/N)	
If Yes, What Quantity and Where From:	
Pick Up Address:	
Re-Stocking Fee If Applicable:	
Samples Received? If Not, Was Other Evidence Received?	
Application product is used for	
QUALITY & MANUFACTURING	
Date of Mfg.	
Core Tag information if required?	
RMA #	
Ship to ID #	
CAR Created? If yes than what #	
Logistics	
Cost to bring product back?	
One- time S&H Fee? (Y/N) How Much	
APPROVALS	
Sales Manager's Signature/Date	
QC Manager's Signature/Date	
Shipping Manager's Signature/Date	
Production/Purchasing Manager's Signature/Date	

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Please place photos here