

RAPP Freight Claim Information Form

Customer Account #:	Today's Date:
PO / Reference #:	Company Name:
Kohler Shipment/BOL #	City, State:
Sales Order #:	Contact Name:
Invoice #:	Phone Number:
Delivery Date:	Email Address:
Claim Type, please select one:	This form should be used for freight damages, shortage or overage, please email RaPPCustServOps@kohler.com for all other inquiries.

Model Number	Quantity	Serial Number

Check if statement applies

I am willing and able to repair the damages (not available for transfer switches)

Delivery Receipt was signed noting cause for claim

(Shortage, damage, non-delivery etc.)

Delivery Receipt will be included with the submittal of this form

Carrier terminal was notified of a shipment issue

Exception number provided by the carrier:

I agree to hold product in original packaging in secure location pending resolution

Comments/Details:

If replacement parts are needed, please enter part numbers below.