



NEXT LEVEL  
A P P A R E L

## Customer Return & Claim Request

CLAIM# (NL TO ASSIGN)  
DATE:

  

SALES NAME  
CSR NAME

  

CUSTOMER  
CONTACT NAME:  
CONTACT EMAIL:

  
  

CUSTOMER ACCT #  
CONTACT PHONE

  

PO#  
ORDER #  
INVOICE #  
INVOICE DATE

  
  
  

VALUE OF CLAIM

  
\$ 

STYLE (one per form)  
COLOR (one per form)

  

XS                  S                  M                  L                  XL                  2XL                  3XL                  TOTAL

QTY SHIPPED  
QTY OF CLAIM


SAMPLE SUBMITTED  YES

NO

TRACKING NO

REASON FOR CLAIM/RETURN & COMMENTS:

INFORMATION DETAIL:

Has the merchandise been altered or printed in any way?

Yes

No

Note If Yes, Next Level return policy states no returns on altered merchandise.

Type of alteration  
Type of ink used  
Type of dryer (gas or electric)  
Temperature of dryer  
Length of belt dryer  
Seconds through dryer

  
  
  
  
  

How were the garments handled after printing



### CUSTOMER CLAIM: QC EVALUATION & DECISION

CLAIM#

SALES NAME

DATE:

CSR NAME

STYLE

COLOR

CLAIM TTL QTY

Test(s) Conducted:

Results:

QC conclusion and recommendation:

QC Evaluation Signature:

Date:

Decision On Claim/Return:

Approved

Denied

Restocking fee%

Authorized return:

Authorized freight cost for return:

Restocking fee

Authorize replacement of merchandise:

Authorized freight cost for replacement:

Comments:

Approved By:

Print Name

Sign

Date