

# Chip Claim

Date:

Number of pages including cover sheet:

<b>To:</b> Claims Department <b>Company:</b> Tuxton China Inc <b>Fax:</b> 909.595.5353 <b>Phone:</b> 909.595.2510
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<b>From:</b> <b>Company:</b> <b>Email/Fax:</b> <b>Phone:</b>
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PO# \_\_\_\_\_ (Required)

Invoice# \_\_\_\_\_ (Required)

Please fill the chip items below:

Item#	Description	Quantity *please indicate unit (case, dozen or piece)

Replacement: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please fill the ship to information below)

Ship to : Company: \_\_\_\_\_

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

Tel#: \_\_\_\_\_

Attn: \_\_\_\_\_

**For Tuxton to do the inspection, please send at least two samples of each chipped item, unless advised otherwise, to the following address.**

**Tuxton China Inc  
21011 Commerce Pointe Dr.  
Walnut, CA 91789  
Attn: Bill Burden**

**\*\*Filled chip claim form must be included with the package.**

After we received the sample, we will process it within 48 hours.

If you have any questions, Please contact us at 909.595.2510  
Claims Department

Tuxton China Inc

Form last updated 04/18/2012