

WHOLESALE - DELIVERY ORDER CLAIM SECTION:

Date: _____

Wholesale Name: _____ Wholesale Contact No: _____

Contact Name : _____ Wholesale Invoice No:- _____

PRODUCT DETAILS

Style code	Style Name/ Description	Size	Col	Quantity

DESCRIPTION OF FAULT:

FOLLOW UP ACTION WHOLESALE CHECKLIST:

DATE:

1. Email details of claim through to wholesale@lornajane.com.au: YES/NO
2. Photo Emailed: YES/NO
3. Invoice copy attached: YES/NO

LORNA JANE RESULT CHECKLIST:

DATE:

1. Product replaced: YES/NO
2. Account Credited: YES/NO

COMPLETED BY: _____

WHOLESALE - CUSTOMER FAULTY CLAIM SECTION:

Date: _____

Wholesale Name: _____ Wholesale Contact No: _____

Contact name: _____ Customer Receipt No:- _____

PRODUCT DETAILS

Style code	Description of Item	Size	Col	Quantity

DESCRIPTION OF FAULT:

FOLLOW UP ACTION WHOLESALE CHECKLIST:

DATE:

1. Email details of claim through to wholesale@lornajane.com.au: YES/NO
2. Photo Emailed: YES/NO
3. Invoice copy attached: YES/NO

LORNA JANE RESULT CHECKLIST:

DATE:

1. Product replaced: YES/NO
2. Account Credited: YES/NO

COMPLETED BY: _____