

# MYKE Claim Form



## Customer Information

Company Name:

Invoice Number:

Contact Name:

Invoice Date:

Phone Number:

Today's Date:

## Product Information

Qty.	Product Name	Size	Reason

## Claim Questionnaire

How quickly was the plant material planted after delivery?

Were the plants properly planted? (Please describe location, sun, no sun, etc.)

How were the plants watered? (Please include method, recurrence, and who was responsible for watering.)

What do you believe caused the plants to die?

Please show/send pictures of buds and/or bark.

Customer Signature

Name (Please Print)