

Claims Report

Date _____ Receipt # _____
Name _____ Order Date _____
Shipping Method _____
Tracking Number _____

Shipping Address _____

Billing Address if different _____

e-mail Address _____
Phone # _____
Best time to reach you _____

Product Description	Qty Ordered	Qty Received	Qty Missing/ Damage

Nature of the Complaint:

Kornax Superior Nutrition L.L.C.
14520 Memorial Dr., Suite 45 - Houston, TX 77079

eMail: custserv@kornax.com
Local: 281-558-1818
Toll-Free / US Only: 1.877.328.1744
Fax: 281-558-1823