eGeneralMedical+com

"Package Not Received" Form

Phone: (919) 844.9402
Fax: (919) 844.9403
Email: sales@eGeneralMedical.com

eGeneral Medical, Inc.
4724 Hargrove Rd., Suite 100
Raleigh, NC 27616

Date: / /

Name:.

Address:

City: **State:** **Zip:**

Home Phone #: ( ) -

Other Phone #: ( ) -

SUBJECT: Un-received USPS/UPS/DHL shipment:

eGeneralMedical Inc,

I, , am filing a claim stating that I did NOT receive the

that was delivered to my house/business by ○ USPS. ○ UPS. ○ DHL. (*select one)*

I purchased the product from:

Order Number:

I understand that if the item is received at a later time, I am obligated to return the item to your shipping address stated above.

In addition, I must complete the forms of the respective delivery agent:

USPS: United States Domestic Claim form: http://www.usps.com/forms/_pdf/ps1000.pdf
UPS: UPS Report form: https://www.ups.com/forms/e-mail/damage?loc=en_US
DHL: Contact us to report a claim if this was your carrier

After reviewing and submitting these forms, eGeneral Medical Inc. will deliver another item at eGeneralMedical's cost via certified receipt and signature. Please fax back this form to the number listed above with your original signature.

I hereby certify that all information furnished on this form and previous emails and telephone conversations is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form, whether by including it or omitting it, may be subject to criminal and/or civil penalties, including fines and imprisonment.

Customer Name (Printed):

Customer Name (Signature):