

# Customer Claims Form

SHANGHAI PI CHEMICALS CO.,LTD

\* Claims No.:

\_\_\_\_\_

Date: \_\_\_\_\_

Regular fields are required so that we can help you fulfill your request.

Company/Institute: \_\_\_\_\_

Customer Account No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

PO No.: \_\_\_\_\_

Product Number: \_\_\_\_\_

Chemical Name: \_\_\_\_\_

CAS No.: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Please type your inquiry:

Please fill in this form, and fax to 86-21-58953701. Call 86-21-58953700 for questions.

\* Leave the claims number blank, we'll fill it.

**Shanghai PI Chemicals Co.,Ltd**  
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Pudong New Area, Shanghai China,201203

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