

# Quality Claim Form

\* Required Fields

## Contact Information

\* Printer/Converter Name:

\* Printer Address:

\* Printer/Converter Contact Name:

\* Sold to Customer:

\* Printer/Converter Contact Phone Number:

Your Internal Claim # (optional):

Printer/Converter Contact Email Address:

Investigated By:

## Order/Defect Information

\* Billerud Mill Order #:

Customer PO #:

Paper Grade:

Basis Weight:

Width:

Length (sheets):

\* Explanation of Issue:

\* Billerud Roll/Skid/Carton Number(s) exhibiting defect:

Billerud Roll/Skid/Carton Number(s) NOT exhibiting defect:

## Location of Defect (Rolls)

Roll Diameter (inch):

Side in or Side out:

Stencil or Non-Stencil of roll:

Location in Press:

\* Quantity of paper remaining from this order:

## Process

Heatset Web Offset

Rotogravure

Flexo

Sheetfed

Other

Press Mfg:

# of Units:

Width:

Ink Mfg:

Tacks:

Sequence:

Oven Temp (°F):

Web Temp (°F):

Oven Length (ft):

## Evidence

Web Break/Defect

Printed Sample

White/Unprinted Sample

Tape Pulls

Pictures (digital for email preferred)

The customer is required to provide complete documentation and supporting physical evidence to Billerud. If proper documentation and/or evidence is not provided by the customer in a timely manner, Billerud cannot be held responsible for any liability.

## Claim Costs

\* # of Rolls/Sheets:

\* Weight (lbs):

\* Waste (lbs):

\* Press Time (hr): Other

\* Cost per Hour (\$):

\* Total Cost (\$):

Costs (\$):

\* Total Cost (\$):

Explain "Other Costs" (include details):

Additional Information:

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To submit your claim information, email this form directly to the Claims Service Center. Please include a completed copy of this form with all submitted evidence. Clearly mark defects on the Billerud sheets and identify all sheets submitted. Circle or identify what was viewed as unacceptable and warranted the complaint. If you have any questions, please call 800 258 8852.

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