

THEFT REPLACEMENT CLAIM FORM

This form must be completed for claims under the THEFT REPLACEMENT PROGRAM.

Complete and return this form to: Email: INSERVE@ZALECORP.COM or FAX: 972-753-7629

TO BE COMPLETED BY CLAIMANT

DATE THEFT OCCURRED

PLEASE COMPLETE THE INFORMATION BELOW

NAME:

PHONE:

EMAIL:

ADDRESS:

MERCHANDISE CLAIMED

(This information will be located on your receipt)

MERCHANDISE STOLEN	PURCHASE DATE	PURCHASE AMOUNT	JPP# (Ex: 012910054321001011)

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD FILES A STATEMENT OF CLAIM, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTS MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TO AVOID ANY DELAY, PLEASE SEND THE FOLLOWING PAPERWORK WITH THIS CLAIM FORM IN ORDER TO BE PROCESSED IN A TIMELY MANNER.

- ❖ COPY OF FULL POLICE REPORT WITH NARRATIVE
- ❖ PURCHASE/SALES RECEIPT

<u>SIGNATURE:</u>	<u>Date</u>
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