

West Linn Paper Company - Quality Claim Form

Date Submitted: _____ Date of Occurance: _____ Submitted by: _____

Merchant Information

Merchant:
 Contact/Sales Rep:
 Phone No:
 Address/Location:

Printer Information

Printer:
 Printer Contact:
 Phone No:
 Address/Location:

Merchant PO #: _____ WLPC PO #: _____ WLPC Invoice #: _____ Job Name/#: _____ Printer PO #: _____

Paper: Grade: _____ Basis Weight: _____ Roll Width: _____ Qty Shipped: _____
 Amount Printed: _____ Amount Unprinted: _____ Other paper run for comparison: _____

Was paper wrapped until printed? Yes No Roll # _____ Roll # _____
 Roll # _____ Roll # _____

Where in the process was the defect discovered? At printer First Pass Subsequent Passes After Printing Bindery Other _____

Was paper converted? Yes No if yes, please indicate who converted the paper: _____

Printing Details: Conventional Digital Dry Offset UV Other _____

Inline Sheetfed Web Press Manufacture/Model: _____ Size: _____
 No. of Units: _____ No. of colors: _____ Color Sequence: _____ Press Speed: _____
 No. of passes: _____ Type of blanket: _____
 Ink Tack: _____ Ink Additives: _____ Fountain Solutions: pH: _____ Conductivity: _____
 Oven Type/Length: _____ Web Temp: _____ Plant Conditions: Climate Controlled: Yes No Temp: _____

Explanation of problem: _____

Apparent Defect: _____ **Corrective Action:** _____

Condition/Status of print job: _____

Disposition Request: Yes No **Location of defective paper:** Printer Merchant Other

Address: _____ Contact Person: _____
 _____ Phone: _____ Fax: _____

Costs Associated with Claim:

Type of Cost:	Quantity:	Unit Cost:	Total Cost:
Lost Press Time:			
Make readies			
Unprinted Paper to Return:			
Blankets:			
Plates:			
Printed Spoilage:			
Other:			
TOTAL:			

Total amount of claim: _____ Evidence: Enclosed: Sent separately
 (for required evidence, please refer to claims guide)

Signature of person submitting claim: _____ **Date:** _____
 Phone: _____ E-mail: _____



Submit claims to: West Linn Paper Company Attn: Claims
 4800 Mill Street or:
 Box 68 (for USPS service)
 West Linn, OR 97068

Questions call: 503-557-6679
 Fax: 503-557-6614
 E-mail: claims@westlinnpaper.com