SquareTrade Triple Guarantee Claim Form

Your Information:

Full Name: _____   Email Address: _____

Home Address: _____

Your eBay User ID: _____   Home Phone: _____   Office Phone: _____
(if applicable)

Transaction Information:

Seller eBay ID/URL: _____   Date of transaction: _____   Amount: _____

eBay Item #: _____   Item description:_____

Method of payment (circle one):   Credit Card / PayPal / Personal Check

If you used PayPal, how did you fund your payment account (circle one):   Credit Card / Bank Account

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If your claim is for Buyer Protection:

Please mail in all disputed merchandise in original packaging with all relevant contents/accessories included as indicated in the listing. In addition, please mail hardcopies of all proof with your claim:

☐ Completed, signed and dated Claim form

☐ Copy of the eBay listing

☐ Copy of the SquareTrade Triple Guarantee activation email

☐ Proof of payment (credit card or bank statement, receipt, copy of cashed check)

☐ Picture of the item discrepancy or damage; OR Proof of the missing item (inventory sheet or receipt)

☐ Other supporting paperwork that supports your claim

☐ Result of eBay Investigation (circle one):   Did not use eBay / Completed in my favor / Claim Rejected

Investigation still underway / Have not filed claim yet

Amount Paid by eBay: _____

☐ Result of PayPal Investigation (circle one)   Supplemental eBay insurance received / Claim Rejected

Investigation Underway / Not filed claim yet

Amount Paid by PayPal: _____

If your claim is for Price Protection:

Please mail in hardcopies of all proof with your claim:

☐ Completed, signed and dated Claim form

☐ Copy of the SquareTrade Triple Guarantee activation email

If your claim is for ID Protection:

Please mail in hardcopies of all proof with your claim :

☐ Completed, signed and dated Claim form

☐ Explanation of your claim

☐ Copy of the SquareTrade Triple Guarantee activation email

☐ Proof of payment (credit card or bank statement, receipt, copy of cashed check)

☐ Other supporting paperwork that proves your claim

I certify that the information provided above is true and correct to the best of my knowledge. I UNDERSTAND THAT MISREPRESENTATION CAN LEAD TO MY CLAIM BEING REJECTED AND CAN ALSO RESULT IN ME BEING PROSECUTED UNDER THE LAW.

Signed: _____   Date: _____

Please make sure the Claim form is filled out COMPLETELY before sending it to SquareTrade.

Please mail or fax l this claim form and all relevant documentation to:
SquareTrade Claims Department; 575 Market Street, 10th Floor; San Francisco; CA 94105
Fax: 415-520-9820