



Bad/Damaged Product Form

The purpose of this form is to collect information on bad/damaged/distressed products. Wake County ABC does not accept returns and all sales are final. A customer however can return a product if the seal is defective, the bottle is leaking, if there is foreign matter floating in the liquid, and/or if the products tastes bad. No monetary refunds are given rather approval must be obtained for exchange of a identical size and type product. Here are the steps and rules for such instances.

PROCEDURE

1. Store staff is to explain to the customer that the information collected will be submitted to the Wake County ABC System Management. Make sure that the customer understands approvals must first be obtained and that Administration will be in touch with them in the near future regarding a potential replacement bottle.
2. Take the information down and attach the form (tape or rubber band) to the bottle. Submit the bottle to the Main Office at your earliest convenience.
3. Management staff will contact the liquor representative/broker about the bad/damaged/distressed product as required by law. It will be the Representative’s decision on whether to give a replacement bottle to the customer in exchange for the returned product. No exchange product is guaranteed.
4. Management staff will contact the customer and notify them of the Representative’s decision.
5. If a bottle is to be exchanged free of charge, Management will notify the associated Wake County ABC store about it by either phone and/or email. Store staff will then pull a bottle off of the shelf and attach a note giving the customer’s name and that the product is free of charge.
6. Store staff is then to complete a Debit Memo form (checking the “returned box”) once the product is picked up by the customer. That debit memo form is then be returned to the Main Office with the next submitted weekly paperwork.

STEP 1: CUSTOMER INFORMATION (to be completed by Store Staff)

Your Store Number: _____ NC Code Number: _____ Bottle Size: _____

Date Of Return: _____ Customer Name: _____

Customer Phone: _____ Customer Email: _____

Reason For Return: _____

STEP 2: ADMINISTRATION INFORMATION (to be completed by Main Office Staff)

Administration Staff: _____ Date Obtained: _____

Name of Liquor Rep/Broker: _____

Date Contacted For Consideration: _____ Time: _____ Contacted by: Email Phone

Date Of Approval/Denial From Rep/Broker: _____ Time: _____ Approval Denial

Date Notified Customer Of Outcome: _____ Time: _____ Contacted by: Email Phone

Date Product And Documentation Placed In The Breakage Room/Area: _____