



**AMERICAN PSYCHOLOGICAL ASSOCIATION
SUBSCRIPTION CLAIMS INFORMATION**

Today's Date: _____

We provide this form to assist members, institutions, and nonmember individuals with any subscription problems. With the appropriate information, we can begin a resolution. If you use the services of an agent, please do **NOT** duplicate claims through them and directly to us. **PLEASE PRINT CLEARLY AND IN INK IF POSSIBLE.** This form may also be filled out online, then printed and mailed or faxed.

PRINT FULL NAME OR KEY NAME OF INSTITUTION _____

MEMBER OR CUSTOMER NUMBER _____
(MAY BE FOUND ON ANY PAST ISSUE LABEL)

ADDRESS _____

DATE YOUR ORDER WAS MAILED (OR PHONED) _____

CITY _____ STATE/COUNTRY _____ ZIP _____

___ PREPAID ___ CHECK ___ CHARGE

YOUR NAME AND PHONE NUMBER _____

CHECK/CARD CLEARED DATE: _____
(If possible, send a copy, front and back, of your cancelled check to help us in our research of your claim.)

TITLE _____

VOLUME OR YEAR NUMBER OR MONTH

_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you. Once a claim is received and resolved, delivery of replacement issues routinely takes 4-6 weeks.

(TO BE FILLED OUT BY APA STAFF)

DATE RECEIVED: _____	DATE OF ACTION: _____
ACTION TAKEN: _____	INV. NO & DATE: _____
STAFF NAME: _____	LABEL NO. & DATE: _____

Send this form to APA Subscription Claims, 750 First Street, NE, Washington, DC 20002-4242
or fax to 202-336-5568