



Claim Form

Original receipt or invoice of claimed item is required.

Date:

CONTACT INFORMATION		
Company Name	Contact Name	Acct #
Address		
City	State	ZIP
Phone	Fax	E-mail

SHIPMENT INFORMATION		
Tracking Number	Ship Date	Invoice #
Collect On Delivery (COD): Yes <input type="checkbox"/> No <input type="checkbox"/> Signature Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Declared Value

DESCRIPTION OF EVENTS LEADING TO CLAIM

CLAIM SUBMISSIONS
<p>All claims regarding damages to, loss, or delay of any shipment must be submitted in writing to the company's office within 30 calendar days of delivery of the shipment.</p> <p>See Terms and Conditions for more details.</p>

REASON FOR CLAIM
<input type="checkbox"/> Damage
<input type="checkbox"/> Loss
<input type="checkbox"/> COD
<input type="checkbox"/> Other

CLAIM AMOUNT	
Value of Item(s)	
Shipping Charges	
Other Charges	
Total Claim Amount	