



Customer Cargo Claim Form

Is hereby filed for (check one):	Non delivery	Shortage	Damage
Date filed:			
Bill of Lading No.:	Company Name		
Freight Carrier:	Address		
Invoice #:	Date:	City/Town & State & Country	Zip / Postal Code
Claimant Reference No.:	Confirmation Number :		

**CLAIM MUST BE FILED AND SUPPORTED BY PHOTOS OF THE DAMAGED ITEMS
WITHIN 3 DAYS OF RECEIPT.**

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS; SIZE, COLOR, MARKINGS, ETC. (If more room is needed in this section, use an additional claim form to be included with the submission of this claim form.)

ITEM #	DESCRIPTION	QTY	RATE	AMOUNT
TOTAL OF CLAIM				