

Account Holder Information

Account Number:	
Company Name:	Contact Name:
Address:	City, State, Zip:
Email Address:	Phone:

Shipment Information

Order Number:	Date Shipped:	Declared Value:
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Damaged
 Partial Loss
 Complete Loss
 C.O.D. \$ _____
 Other

Describe the damage to the outer package & to the contents (provide pictures):

Describe the inner packaging:

Additional Remarks:

Item(s) Description:

Item Number	Quantity	Item Description	Wholesale Value

Tax:	
Deliver-It Shipping Charges:	
TOTAL CLAIM AMOUNT:	

Claim Policies and Requirements

1. Claims must be submitted within **2 weeks** of the original shipment date.
3. Only the wholesale value of the lost or damaged items will be reimbursed.
4. Claims must be **accompanied with an invoice or receipt** showing the wholesale cost of the item(s).
5. Claims may take up to 30 days to process.
6. If the form is not filled out completely or the required documents are missing the claim may be denied.

See the Deliver-It Service Guide for the complete Claim Policies and Requirements