

Claim Form

Senders or Shipper's Name/Contact Company Speedling Inc Address 199 Crawley Gap Rd			Recipient's or Con	signee's Name/Contact			
			Company Address				
Country USA	ZIP/Postal Code 30	0512	Country	ZIP/Postal Code			
Phone 1-800-785-1077	Fax 706-745-7638		Phone	Fax			
E-Mail CustomerService@Speedling.com			E-Mail				

Required items											
Tracking or Freight Bill Num	bers	•									
Customer P.O. #		eedling Ord	er #		Shipment #						
	Additional tracking numbers	_		nave same sender, recipi	_ ·						
Shipment Information	Ship Date:				Received Dat						
Loss	Qty of boxes ship	ned	Oty of h	oxes damaged	TROCCIVE BUI						
LU33	Qty of boxes ship	peu	Qty Oi b	oxes damaged							
Complete	Qty of boxes dam	aged Item	n #	Item Descrip	tion	Claimed Amount					
			!	·							
Damaged	-										
Please retain all packaging and merchandise											
until your claim is resolved	PLEASE INCLUDE EXTERIOR AND INTERIOR PHOTOS OF MATERIAL DAMAGED INCLUDING PACKAGING										
unui your claim is resolved	Contents of shipment										
	Describe damage to		ing								
	None	paren parenag	0								
	Describe inner pac	caging									
	None										
	Describe damage to	contents									
	Nicoc										
	None										
	Declared value		Doologoo	l valva far avatam							
	The value declared on the			I value for custon	15						
	shipment) \$ Merchandise value		(international	shipments only)	\$						
	(original purchase value and/or	and to remain ¢									
	Freight charge \$	0	Total clain	n/C.O.D. amount \$	0						
	Customer remarks	-		,							
	-										
Salvage	If your claim is filed for damage, an	d mitigation through repai	r or allowance is not p	ossible, please explain why and	provide contact information for	or salvage.					
	Salvage should be held until investi	gation of the claim is comp									
	Salvage Contact		Phone		Fax						
Claimant Information	☐ I accept that the fore	going statement	of facts is her	eby certified as corre	ect.	Date					
	Signature (for fax o				Internal Refere	ence No.					
	Claimant's Name (p										
	Claimant's Address				Phone						
	City				State/Province						
	Country				Zip / Postal Co						
	E-mail				Fax						
	_										

ALL CLAIMS MUST BE RECEIVED WITHIN 24 HOURS OF RECEIPT. SEE SPEEDLING TERMS OF SALE.