

**Claim Form** 

| Senders or Shipper's Name/Contact |                  |                    | Recipient's or Consignee's Name/Contact |                 |  |
|-----------------------------------|------------------|--------------------|---|-----------------|--|
| Company Speedling Inc             |                  | Company<br>Address |   |                 |  |
| Address 2722 S.E. 60th Av         | enue             |                    |   |                 |  |
| City Bushnell                     | State/Province F | L                  | City                                    | State/Province  |  |
| Country USA                       | ZIP/Postal Code  | 33513              | Country                                 | ZIP/Postal Code |  |
| Phone 1-800-940-4769              | Fax 352-793-3410 |                    | Phone                                   | Fax             |  |
| E-Mail CustomerService@           | Speedling.com    | E-Mail             |   |                 |  |
|                                   | -                |                    |   |                 |  |
|                                   |                  |                    |   |                 |  |
|                                   |                  | Requir             | ed items                                |                 |  |

| •       | 0 | •               |
|---------|---|-----------------|
| Company |   |                 |
| Address |   |                 |
| City    |   | State/Province  |
| Country |   | ZIP/Postal Code |
| Phone   |   | Fax             |
| E-Mail  |   |                 |

| Required items                              |   |                              |  |                                   |                   |  |  |  |  |
|---|---|------------------------------|--|-----------------------------------|-------------------|--|--|--|--|
| Tracking or Freight Bill Num                | ibers   |                              |  |                                   |                   |  |  |  |  |
| Customer P.O. #                             |   | ing Order #                  |  | Shipment #                        |                   |  |  |  |  |
|   | Additional tracking numbers for this claim request allowed (must have same sender, reci |                              |  | _ · _                             |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
| Shipment Information                        | Ship Date:  | Ship Date: Received I        |  |                                   |                   |  |  |  |  |
| Loss  | Qty of boxes shipped Qty of boxes damaged   |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
| Complete                                    | Qty of boxes damaged  | Item #                       | Item Descript                                | ion                               | Claimed Amount    |  |  |  |  |
| Partial                                     |   |                              |  |                                   |                   |  |  |  |  |
| Damaged                                     |   |                              |  |                                   |                   |  |  |  |  |
| Please retain all packaging and merchandise |   |                              |  |                                   |                   |  |  |  |  |
| until your claim is resolved                | PLEASE INCLUDE EXTER  | IOR AND INTERI               | OR PHOTOS OF MATERIA                         | AL DAMAGED INCL                   | UDING PACKAGING   |  |  |  |  |
|   | Contents of shipment  |                              |  |                                   |                   |  |  |  |  |
|   | Describe damage to oute   | er packaging                 |  |                                   |                   |  |  |  |  |
|   | None  |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   | Describe inner packaging  |                              |  |                                   |                   |  |  |  |  |
|   | None  |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   | Describe damage to cont   | ents                         |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   | None  |                              |  |                                   |                   |  |  |  |  |
|   | Declared value  |                              |  |                                   |                   |  |  |  |  |
|   | The value declared on the   | Dec                          | clared value for custom                      | S                                 |                   |  |  |  |  |
|   | shipment) \$  | (inter                       | national shipments only)                     | \$                                |                   |  |  |  |  |
|   | Merchandise value   |                              |  |                                   |                   |  |  |  |  |
|   | (original purchase value and/or cost to re  |                              |  | 0                                 |                   |  |  |  |  |
|   | Freight charge \$<br>Customer remarks   | 0 Tota                       | al claim/C.O.D. amount \$                    | 0                                 |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
| Salvage                                     | If your claim is filed for damage, and mitigation                                       | n through repair or allowand | ce is not possible, please explain why and p | provide contact information for s | salvage.          |  |  |  |  |
|   | Salvage should be held until investigation of th  |                              |  | -                                 |                   |  |  |  |  |
|   | Salvage Contact   | Pho                          | one  | Fax                               |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
| Claimant Information                        | - Laccont that the foregoing  | statement of facts           | is baraby cortified as corre                 | ct [                              | )ato              |  |  |  |  |
| Claimant information                        | □ I accept that the foregoing s<br>Signature (for fax or mail                           |                              | is hereby certified as corre                 | Internal Referer                  | Date              |  |  |  |  |
|   | Claimant's Name (please   |                              |  |                                   |                   |  |  |  |  |
|   | Claimant's Address  | printj                       |  | Phone                             |                   |  |  |  |  |
|   | City  |                              |  | State/Province                    |                   |  |  |  |  |
|   | Country   |                              |  | Zip / Postal Code                 | <u></u>           |  |  |  |  |
|   | E-mail  |                              |  | Fax                               |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   |   |                              |  |                                   |                   |  |  |  |  |
|   | ALL CLAIMS MUST BE R  | RECEIVED WITH                | IIN 24 HOURS OF RECE                         | IPT. SEE SPEEDLIN                 | IG TERMS OF SALE. |  |  |  |  |
| E-mail, Fax or Mail                         | Please return the completed   | form and required            | d Proof of Value documenta                   | tion (invoice and/or              | receipt) to:      |  |  |  |  |
|   | CustomerService@speedli   | ng.com 272                   | 2 S.E. 60th Avenue                           |                                   |                   |  |  |  |  |

Bushnell, FL 33513

Fax 352-793-3410