



Claim Form

Date: ___/___/___ Your Reference Number: _____ Date of Loss: ___/___/___

Claim Amount \$ _____ Mario's Express Carrier's # _____

Visual Damage (Y / N)	Shortage (Y / N)
Damage Noted on Freight Bill (Y / N)	Shortage Noted on Freight Bill (Y / N)
Concealed Damage (Y / N)	# of Missing Pieces:
# of Damaged Pieces:	

Detailed statement showing how amount claimed is determined. Number and Description of goods, nature and extent of damage or loss, invoice price of goods, amount of claim, ..., etc.	
	\$
	\$
	\$
	\$
Total Claim Amount:	\$

	Shipper	Consignee
Company Name:		
Address:		
City, State, Zip:		
Phone # & Ext:		

Claimant Information

Your Name:	
Company Name:	
Address:	
City, State, Zip:	
Phone # & Ext:	
Fax #:	
Email:	

Signature: _____

Please Note:

1. No claims will be processed for Concealed damage(s) or Concealed shortage.
2. No claims will be entertained unless the original BOL outlines all damages at the time of delivery.
3. Claims must comply with our terms and conditions outlined in our credit application and BOL.
4. The Customer, Shipper, or Consignee must make the original shipping packing and contents available for inspection by Mario's Express.

Notes: _____

