



Claim Form

Senders or Shipper's Name/Contact
 Company Speedling Inc
 Address 3440 Cockroach Bay Rd
 City Sun City State/Province FL
 Country USA ZIP/Postal Code 33586
 Phone 1-800-771-2543 Fax 813-645-1906
 E-Mail CustomerService@Speedling.com

Recipient's or Consignee's Name/Contact
 Company
 Address
 City State/Province
 Country ZIP/Postal Code
 Phone Fax
 E-Mail

Required items

Tracking or Freight Bill Numbers
 Customer P.O. # _____ Speedling Order # _____ Shipment # _____
Additional tracking numbers for this claim request allowed (must have same sender, recipient, and ship date)

Shipment Information

Loss

Ship Date: _____ Received Date: _____
 Qty of boxes shipped _____ Qty of boxes damaged _____

Complete

Partial

Damaged

Qty of boxes damaged	Item #	Item Description	Claimed Amount

Please retain all packaging and merchandise until your claim is resolved

PLEASE INCLUDE EXTERIOR AND INTERIOR PHOTOS OF MATERIAL DAMAGED INCLUDING PACKAGING

Contents of shipment

Describe damage to outer packaging
None

Describe inner packaging
None

Describe damage to contents
None

Declared value
The value declared on the shipment) \$ _____
 Declared value for customs
(international shipments only) \$ _____

Merchandise value
(original purchase value and/or cost to repair) \$ _____
 Freight charge \$ _____ Total claim/C.O.D. amount \$ _____

Customer remarks

Salvage
If your claim is filed for damage, and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage.
 Salvage should be held until investigation of the claim is complete
 Salvage Contact _____ Phone _____ Fax _____

Claimant Information

I accept that the foregoing statement of facts is hereby certified as correct. _____ Date _____
 Signature (for fax or mail) _____ Internal Reference No. _____
 Claimant's Name (please print) _____
 Claimant's Address _____ Phone _____
 City _____ State/Province _____
 Country _____ Zip / Postal Code _____
 E-mail _____ Fax _____

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

E-mail, Fax or Mail
 Please return the completed form and required Proof of Value documentation (invoice and/or receipt) to:
CustomerService@speedling.com P.O. Box 7220
 Fax 813-645-1906 Sun City, FL 33586