

# Claim Form

Presented by:

\_\_\_\_\_  
Claimant name and address for correspondence and settlement

Date: \_\_\_\_\_ Customer Claim/Ref. # \_\_\_\_\_

Shipper		Consignee	
City/State		City/State	
Shipper Ref#		Consignee Ref#	
Shipment Date		Trailer/Container #	

Type of Claim  Loss  Damage  Shortage  Overage

Detailed Description of Claim \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salvage Amount \$ \_\_\_\_\_ Attach Salvage Receipt deduct from claim amount

Claim Amount \$ \_\_\_\_\_

Pieces/Cartons                      Product/Item Description                      Invoice Cost


(If more space is needed please attach an additional page)

Reported to:

Date Reported		Cornerstone Ref #	
Reported to			

Mail Claim to: **Cornerstone Systems, 3250 Players Club Parkway, Memphis, TN 38125**

Email Claim to: [jhaley@cornerstone-systems.com](mailto:jhaley@cornerstone-systems.com) Fax: 662-510-0558

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

(Claimant)

(Claimant)

Phone Number \_\_\_\_\_