

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 \$ _____

<u>Pieces/Cartons</u>	<u>Product/Item Description</u>	<u>Invoice Cost</u>
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(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: claims@cornerstone-systems.com Fax: 901-312-9379

Print Name _____ Signature _____
 (Claimant) (Claimant)

Phone Number _____