

CHURCH TRANSPORTATION & LOGISTICS, INC.

This is my claim for: \$ _____

Date: _____

Claimant's reference #: _____

(Show only if you want reference # on check or correspondence.)

freight bill #: _____

Date Shipped: _____

(Must be paid in full before claim can be processed.)

Please send copy of Bill of Lading if freight bill # is not available. We will be unable to process claim without this information.

*Claim filed for: Visual Damage (noted on freight bill)

Shortage (noted on freight bill)

Concealed Damage (discovered after delivery - see instructions on reverse)

Concealed Loss (discovered after delivery - see instructions on reverse)

*Please see reverse side for National Motor Freight Classification Guidelines for the filing of cargo claims.

DETAILED STATEMENT FOR CLAIM DETERMINATION — Number of items, cases, pallets, nature and extent of damage/loss, invoice price of items, discounts and/or allowances. If this claim is for repair costs to a damage, a detailed repair invoice showing cost and materials must be included.

Send with this claim form: ORIGINAL INVOICE OR CERTIFIED COPY

****CLAIM CANNOT BE PROCESSED WITHOUT ORIGINAL INVOICE AS BILLED BY SELLER****

Every effort will be made to settle your claim within 30 days; however, circumstances involving the shipment in question may require additional time.

Please Print

Preparer's Name: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____

Fax #: _____

Preparer's E-Mail Address: _____

Preparer's Signature: _____

INM-ALC