SOLISTICS CLAIM FORM

Date						
BOL Number						
Carrier Name						
Pro Number						
Company Name						
Address						
City, State, Zip						
Date of Shipment/Delivery						
Amount of Claim						
Damage: Yes/No	Yes			No		
Loss: Yes/No	Yes			No		

DETAILED STATEMENT SHOWING HOW THE AMOUNT OF CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice of articles, amount of claim)

The following documents are submitted in support of this claim: X which Ones Apply		
1. Carrier document bearing notation of loss or damage		
2. Concealed loss or damage form		
3. Original invoice		

Remarks:

The foregoing statement of facts is hereby certified as correct.

Claimants' Signature			
Address			
City, State, Zip			
Phone			
Fax			