



ALCO DELIVERY SERVICE LOSS AND/OR DAMAGE CLAIM FORM

Date Claim is Filed: _____

Date Claim is Processed: _____

Original Freight Bill # _____

Return Freight Bill # _____

Your Reference # _____

Is Your Claim Being Filed For : () Noted Damage () Concealed Damage () Shortage () Total Loss (PLEASE CHECK ONE)

NOTE: only one claim can be filed per freight bill

PLEASE EXPLAIN AND ITEMIZE WHAT IS BEING CLAIMED BELOW (Be Specific)

Number of Pieces	Description of Articles, Including Model #, Item # Ect.	Amount
		\$
		\$
		\$
		\$
		\$

Sub Total \$ _____

See Below (Allowance) \$ _____

Total Amount Claimed \$ _____

Can the item(s) your are claim be : repaired, sold at a discount, or can a salvage allowance be applied?

REPAIR: \$ _____

DISCOUNT: \$ _____

ALLOWANCE: \$ _____

TOTAL ALLOWANCE: _____

SEND OR FAX CLAIM TO:

Alco Delivery Service
4640 Brittmoore
Houston, TX 77041
Fax: 713-466-1198

CLAIMANT INFORMATION

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip _____

E-Mail Address: _____

Fax Number: _____

Phone Number: _____

Signature: _____

The Foregoing Statement of Facts is Hereby Certified as Correct

All Claims must be filed within 9 months unless further restrictions apply.

For Office Use Only:

Claim was denied _____ Claim was paid _____ CK # _____

Acknowledgement Letter Sent _____