

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

06555-30 (1/84)

FOR CARRIER USE ONLY

This claim for CONCEALED DAMAGE
 DAMAGE is presented to
 SHORTAGE

DATE FILED

CARRIER CLAIM NUMBER
 CARRIER NAME
 A. DUIE PYLE
 TERMINAL ADDRESS
 650 WESTTOWN RD, P.O. BOX 564
 CITY & STATE ZIP
 WEST CHESTER, PA 19381

RCVG TERM SIC/DATE

CLAIMANT (Company Name)
 ADDRESS
 CITY & STATE ZIP
 PHONE NUMBER
 AREA CODE

CLAIMANT'S REFERENCE NUMBER

PLEASE REFER TO THIS NUMBER IN ALL CORRESPONDENCE

| | | |
|---------------------------------|----------|--------------|
| CARRIER FREIGHT BILL/INVOICE #: | B/L DATE | WT. OF SHPT. |
|---------------------------------|----------|--------------|

SHIPPER
 ADDRESS
 CITY & STATE ZIP

CONSIGNEE
 ADDRESS
 CITY & STATE ZIP

BE SURE TO ATTACH LETTER OF EXPLANATION IF THERE ARE SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT.

\$ AMOUNT CLAIMED

CHECK ONE

FULL VALUE
 REPAIR
 ALLOWANCE

STATEMENT OF SHORTAGE OR DAMAGE

| NO. OF PCS. | DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC. | |
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IMPORTANT NOTE TO OUR CUSTOMERS:

TOTAL AMOUNT CLAIMED-

\$

THE FOLLOWING DOCUMENTS MUST BE PRESENT TO PROCESS YOUR CLAIM

SHORTAGE CLAIMS/ITEM 1 THRU 3 • DAMAGE CLAIMS/ITEM 1 THRU 6

- Original vender's invoice (proof of purchase cost or a photostatic copy showing all the discounts. (Please include entire invoice)
- Legible copy of freight bill or original paid freight bill if available.
- Original bill of lading or bond in indemnity in lieu thereof.
- Carrier's inspection report, where copy has been provided.
- Invoice of repair or reconditioning, showing breakdown of labor by hour and rate of pay, if applicable.
- Invoice of materials purchased to complete repair or reconditioning, if applicable.

NOTE: in case of nondelivery or shortage it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event that said goods are ever received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/or original freight bill are not submitted.

ABOVE MUST BE COMPLETED!

SIGNATURE OF CLAIMANT

Fax to 610-696-2693 or e-mail to claimsdept@pyleco.com