



WILSON
TRUCKING CORP.

WILSON TRUCKING CORPORATION

P.O. BOX 200
FISHERSVILLE, VIRGINIA 22939-0200
540-949-3200
FAX 540-949-3292

Date _____

Claimant _____

Attn: _____

Mailing Address _____

(Claimant's Claim Number)

(City)

(State, Zip)

Amount of Claim \$ _____

(Wilson Claim Number)

Claim is filed because of

(Loss)

or

(Damage)

DESCRIPTION OF SHIPMENT

Freight Bill Number _____

Date of Freight Bill _____

Name and Address of Shipper _____

Name of Consignee _____

Date of Bill of Lading _____

Explain in detail how this claim was determined. The carrier is entitled to receive all of the discounts that were received by the consignee.

TOTAL AMOUNT CLAIMED \$ _____

Before we can start the investigation of your claim it will be absolutely necessary that all of the documents listed below be submitted with this statement. Failure to submit these papers means additional delay in the investigation as it will be necessary to write you for them.

DOCUMENTS NECESSARY TO SUPPORT CLAIM

- 1. ORIGINAL PAID FREIGHT BILL.
- 2. ORIGINAL INVOICE OR CERTIFIED COPY
- 3. BILL OF LADING

I hereby certify that all of the above statements are true to the best of my knowledge.

Signature of Claimant