



LTL Carrier
DAMAGE CLAIM REPORT
(use for LTL Carriers only)

Submit One Document Per Delivery Receipt

As a courtesy to our customers, we will handle the Damage Claim with an LTL Carrier provided that we prepaid and added the shipping to your invoice. If you used your own carrier, or billed the shipment "Freight Collect", you will need to handle the Claim directly with the Carrier.

It is imperative that you did NOT mark the shipment clear when the Carrier delivered your shipment, and notated the damage on the Carrier's copy of the Delivery Receipt. If the shipment was marked clear, or the damage was not notated, the claim will be denied.

If you need immediate replacement of your damaged merchandise, you will need to reorder the merchandise (and you will be billed for it), a credit will be issued pending the outcome of the Carrier's resolution.

Company Name _____

Customer ID# _____ Contact: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Carrier: _____ PRO # _____

Date Delivered: _____ Date Claim Submitted: _____
(We must receive your claim within 21 days of delivery)

Was the Carrier's Copy of the Delivery Receipt noted for the damage? Yes No

Describe damage: _____

Item Description	# of Lids Damaged	# of Bases Damaged
_____	_____	_____
_____	_____	_____

Use an additional page to notate additional items.

Disposition: Replacement In House Credit

- You must retain damaged cans/lids along with the box and all packaging materials for 30 calendar days. During this time the carrier retains the right to inspect and/or pick up the merchandise. Then you may dispose of the product as you see fit.
- Claim process may take up to 30 days.
- Should the carrier attempt to pick up or inspect a package you've discarded, your claim will be denied.
- All claims must be submitted in writing.
- All claims must be submitted within 21 days of delivery date.
- Incomplete information may cause the claim to be denied.
- Once a claim is submitted, it cannot be added to, amended or altered.

I understand and agree to the above conditions.

Signature: _____ Printed Name: _____

FAX form to 1.800.749.5491; 713.666.3300 or mail to PO Box 1351, Bellaire, TX 77402-1351.