



Freight Damage Claim Form

Date: _____

Company Name: _____

Contact Name: _____

Phone: _____ Email: _____

Ship To Address: _____

Style: _____ Item: _____ List Price: _____

Style: _____ Item: _____ List Price: _____

Style: _____ Item: _____ List Price: _____

Style: _____ Item: _____ List Price: _____

List Total: _____

Multiplier: _____

Your Price: _____

Was this damage noted on Bill of Lading? YES NO

Did delivery driver agree to damage? YES NO

Did you take photos? YES NO

Print Name: _____ Signature: _____

Comments: _____

