DELIVERY CLAIM FORM

SHIPPING

Loss and/or Damage Claim Details			
First Name		Last Name	
Email Address		Contact Phone Number	
Sales Order Number		Shipment Tracking / Pro #	
Damage Box Quantity		Delivery Date	
Check all that apply:		Lost Box Quantity	
Shortage ☐ Visible Damage ☐ Loss ☐		Were the damage material noted to the carrier upon signing the proof of delivery? YES ☐ NO ☐	
Comments:			

For Office Staff Only	
Received By _____	Date Received _____