CLAIM FORM FLOOR IT LOGISTICS LLC

SIMPLIFIED FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

Mail form to Floor It Logistics LLC, 4218 East River Road, Moraine, OH 45439 Fax 937-835-4900 Email <u>info@flooritlogistics.com</u>

SHIPPER:	CONSIGNEE:	
Bill of Lading No: Purchase Order #: Carrier Pro No:	Date:	
THIS CLAIM IN THE AMOU FOR () LOST () DAMA	UNT OF \$ IS FILED AGAGED () OTHER, TO THE FOLLOWING	AINST FLOOR IT LOGISTICS G DESCRIBED SHIPMENT.
	DETAILS OF CLAIM	
ACKNOWLEDGEMENT CARRIE OFFER WITHIN 120 DAYS OF RE ALL FREIGHT CHARGES MUST The claima	NOTICE ASSIFICATION # 300120: UPON RECEIVER WILL PAY / REFUSE PAYMENT, OR DECEIPT OF CLAIM. BE PAID BEFORE CLAIM WILL BE PROBLEMENT INDEMNITY AGREEMENT Into the by signing below agrees to protect the carrier and additional claim(s) presented under the described shift acceptance of payment acknowledges payment in further statements.	MAKE A FIRM COMPROMISE COCESSED its connections pment. The
CLAIMANT SIGNATURE	TELEPHONE #	DATE
EMAIL ADDRESS		FAX NUMBER
	SS # OR TAX ID #	Claimant Reference #
MAKE CHECK TO:ADDRESS:		<u> </u>