

FAX NUMBERS: 601/948-5232 AND 601/948-5397

SHIPPERS EXPRESS, INC.

CLAIM FORM

Phone: 601/948-4251 P O Box 8308 Jackson, Mississippi 39284-8408

Date_____

Shipper: ABC Warehouse

Consignee_____

Address_____

| short case | damaged case | short bottle | damaged bottle | Item name & number | Amount |
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SUBTOTAL_____

TAX_____

TOTAL_____

IMPORTANT**ALL CLAIMS MUST BE FILED WITHIN 30 DAYS FROM THE DATE OF DELIVERY. YOU MUST ATTACH A COPY OF SHIPPERS EXPRESS' DELIVERY RECEIPT WITH EACH CLAIM. WE NEED OUR FREIGHT BILL NUMBER, NOT ABC'S NUMBERS, TO IDENTIFY YOUR CLAIM. THANK YOU.**

List all freight bill numbers below

Store Name_____

Signature_____

P. O. Box or mailing address_____

City_____ State_____ Zip_____

Revised 8/08/17

ALL DRY BREAKS MUST BE HANDLED WITH ABC

