

Freight Claim Form

Claimant fill out this section

Date of Claim:		Customer:	
VIP Invoice Number:		Receipt Date:	
Carrier:		Pro-Tracking Number:	
Signed for damaged, missing products ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Include Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional packaging kept ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List products damaged or missing

VIP Part Number or Description	Quantity	Describe Damages

Comments (add attachment if required) -

Who contacted at VIP and when ?

Name of contact:		Date contact made:	
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Claimant Contact Information

Your Name:		Title/Position:	
Phone number:		Email address:	

VIP Inspection, Acceptance, Returns Policy:

Purchaser will thoroughly inspect each shipment of products promptly upon receipt. All products will be deemed to have been accepted ten (10) days after receipt, except for products for which Purchaser makes a written claim of nonconformance within such time. All products made the subject of such a claim will be deemed to have been accepted ten (10) days after receipt by Purchaser of conforming goods. No products may be returned to **VIP** except by prior authorization by **VIP**. All such returns will be subject to **VIP's** then-current returned goods policies and procedures.

Basic Instructions:

- Fill out form completely & clearly
- If emailing include all copies of Bills of Lading/Packing Slip as well other support documentation and pictures for the claim purpose
- If faxing – send to **VIP Fax Number** attention: **Freight Claims**
- To follow-up on your claim request contact **VIP Crowd Control** and speak with your customer service account representative

***VIP Crowd Control** - Freight Claim Policy subject to change without notice*