



45 Fernwood Ave - Edison - NJ 08837
T: (732) 346-6666 - **F:** (732) 225-2090
W: www.mxlogistics.com

Claim Form

MX Logistics' Claim #: _____

Date of Claim: ____/____/____

Your Reference #: _____

Date of Loss: ____/____/____

Claim Amount: \$ _____

Visual Damage (Y / N)	Shortage (Y / N)
Damage Noted on Freight Bill (Y / N)	Shortage Noted on Freight Bill (Y / N)
Concealed Damage (Y / N)	# of Pieces Short:
# of Damaged Pieces:	

Detailed statement showing how amount claimed is determined. Number and Description of goods, nature and extent of damage or loss, invoice price of goods, amount of claim, ..., etc.	
	\$
	\$
	\$
	\$
	\$
Total Claim Amount:	\$

	Shipper	Consignee
Company Name:		
Address:		
City, State, Zip:		
Phone # & Ext:		

Claimant Information

Your Name:	
Company Name:	
Address:	
City, State, Zip:	
Phone # & Ext:	
Fax #:	
Email:	

Signature:

Please Note:

1. No claims will be processed for Concealed damage(s) or Concealed shortage.
2. No claims will be entertained unless the original BOL outlines all damages at the time of delivery.
3. Claims must comply with our terms and conditions outlined in our credit application and BOL. Also, found on the Company website www.mxlogistics.com
4. The Customer, Shipper, or Consignee must make the original shipping packing and contents available for inspection by "Mario's Express Service Inc dba MX Logistics", its Agent(s), or Representative(s).

Notes: _____

