

Claim Initiation Form



Please complete all information on hand and fax with support documentation to 407-650-2889			
Shipper Name		Carrier Name	
Shipper Address		Carrier Pro #	
Shipper City/State/Zip			
Shipper Contact		Pickup Date	
Contact Phone #		Deliver Date	
Consignee Name		Claim Reason:	Damage or Loss
Consignee Address		Details:	
Consignee City/State/Zip			
Consignee Contact			
Contact Phone #		Total Claim Amount:	

Support Documents Needed to Accompany Fax:
Original Bill of Lading (if shipper)
Original Delivery Receipt (If Consignee)
Original Purchase Order/Repair Invoice <i>(Both)</i>

3PL Contact Info:	
Client Company	Music Freight
Telephone #	866-647-6933
Date Filed	

Additional Comments:

Make Check Payable To:

	Client Name:
	c/o Music Freight
	13016 Eastfield Road
	Suite #200-269
	Huntersville, NC 28078