

# National Parcel Service, Inc.

## Claim Form

### Information About You:

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Shipment Information:

Date Shipped: \_\_\_\_\_

Ship To Name: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Tracking Identification Number: \_\_\_\_\_

Your Package ID Number: \_\_\_\_\_

This is the number that shows up on the shipping reports your Shipping Dept. prints out.

Is shipment Lost or Damaged?: \_\_\_\_\_

***If unrepairable NPS must take possession of the damaged product.***

### Amount of Your Claim:

Cost of Contents Lost or Damaged: \$ \_\_\_\_\_

The balance of your claim will be forwarded to you promptly upon receipt of this completed form.

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**If you have any questions about how to use this form, please call 210.494.9606**