



Apple Express, Inc.
 1016 W. Jackson Blvd,
 Chicago, IL 60607
 P: (708) 493-9000
 F: (312) 733-6170
 www.appleexpress.co

 Claimant

 Date

 Claimant Mailing Address

 Claimant File Number

 City, State, Zip

 Amount of Claim

 Phone Number

 Worldwide Freight Bill

 Claimant Contact Name

 Shipment Date (Pick Up Date)

 Shipper

 Bill of Lading Number

 Consignee

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED		
Short _____	Damaged _____	Other _____

Use separate page if additional room is needed.
 Please retain all salvage until the claim is concluded by APPLE EXPRESS, Inc.

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM .

- ___ ORIGINAL VENDOR'S INVOICE
- ___ WORLDWIDE PAID FREIGHT BILL
- ___ APPLICABLE REPAIR BILL, or REPLACEMENT FREIGHT BILL
- ___ BILL OF LADING
- ___ INSPECTION REPORT

Submit Claim To:

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