



7211 Winnetka Avenue North
Brooklyn Park, MN 55428
Ph: 763.537.1690
Toll-Free: 1.800.328.8351

CLAIM APPLICATION FORM

(Please Print)

To file a shipment loss or damage claim, complete and send/fax the following application to
Hi-Tech Express Inc. - Claims Department.

Please include a copy of the supplier's invoice, and/or repair bill when applicable. Documentation can be submitted to our Claims Department.
Fax: 763.537.1692 or mailed to the address above.

APPLICATION INFORMATION:

* Required Fields

* YOUR NAME: _____

* COMPANY NAME: _____

* CUSTOMER ACCOUNT NUMBER: _____

STREET ADDRESS: _____

* CITY: _____ * PROVINCE/STATE: _____ * COUNTRY: _____

* PHONE: _____ FAX: _____ EMAIL: _____

CLAIM INFORMATION:

YOUR REFERENCE: _____

* WAYBILL #: _____

* DESCRIPTION of DAMAGED and/or MISSING ARTICLE(S):

* TOTAL PIECES: _____ TOTAL WEIGHT: _____

COMPENSATION REQUEST:

COMPENSATION REQUESTED PER ARTICLE: CANADIAN CURRENCY US CURRENCY

SIGNATURE: _____ DATE: _____

* Damaged product must be retained until the claim has been finalized.