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Grand Rapids, MI 49512

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Delta Distribution
Standard Form for Loss and Damage Claims

DELTA DISTRIBUTION CLAIM NUMBER: _____
(This number is assigned by Delta Distribution)

DATED FILED: _____

DEALER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT NAME: _____

THIS CLAIM IS BEING MADE AGAINST DELTA DISTRIBUTION FOR THE:

____ Loss ____ Damage, in connection with the following described shipment:

Roll was refused at delivery: ____ yes ____ no Roll is ready to be pick up: ____ yes ____ no

B/L # _____ ROLL # _____

MILL _____ SIZE _____

AMOUNT OF CLAIM: _____

FREIGHT CHARGES (if applicable): _____

TOTAL: _____

Brief description of the Nature of the Claim:

The following must be included in order to process the claim:

1. Claim #, issued by Delta Distribution office
2. Attached original mill invoice (proof of purchase price)
3. Attached copy of Bill of Lading
4. If a damage claim, the roll must be pick up

REMIT TO : Sandra, email – sandrafantucchio@deltadelivers.com
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