



905-535-1144

**1014 Metro Road N.
Island Grove,ON
L4P 3E9**

In the event of a claim for damage, please fill this out and provide any pertinent information eg, photos,signed B/L

Shippers company name:

Consignee name:

Date of shipment:

Order number:

Description of damage:

Claim amount:

Please provide this information and forward it to us along with the original invoice to the Consignee illustrating the value of the damaged product.

As is noted on the original Bill of Lading,unless extra value insurance has been indicated damages are limited to 2.00 per lb for the shipment