



We Make It Easy!

ADDRESS

PHONE

Name _____
Address _____
City _____ State _____ Zip _____

Registration Number _____
Home() _____
Work () _____
Fax () _____

Is the above address the same one the goods were delivered to? YES / NO

<i>Inventory Item Number</i>	<i>Description of Article</i>	<i>Enter "Missing" or a Description of Damage</i>	<i>Cost when Originally Purchased</i>	<i>Replacement Cost Today</i>	<i>"Repair" or Amount Claimed</i>

X _____
Customer Signature

_____ Date



Please Be Certain to sign your Claim Form, Thank You!

•If you need additional space, please copy this claim form or attach a separate sheet.

•Do not dispose of any damaged items because we may wish to inspect them.

•If an item is repairable, simply enter the word "repair" in the last column. If an item is not repairable, please indicate the dollar amount you will accept for the loss or damage.

•Please retain the last copy of the completed claim form for your records and return the others to us within 90 days from the date of delivery.

BERGER

2950 Long Lake Road
St. Paul, MN 55113

Toll Free (877) 268-2101, (651) 639-2260
Fax (651) 697-6287

ALLIED
Agent Allied Van Lines