WWW.DRRINC.COM

P.O. Box 875 □ Ohio □ 44212 □ 330-220-3102 □ Fax 1-330-220-3204

SHIPPING DAMAGE CLAIM FORM

Must be submitted with in 4 days of delivery.

DATE

Dealer	
Address	
City, State	
ZIP	
Phone	
Fax	
Model:	
Damage recorded on BOL:	*Yes or NO*
Date delivered:	
Tracking #	
Invoice #	
Trucking CO	
Describe damage	

Part Number	QTY	DESCRIPTION	PRICE	TOTAL
			Total	

Task Code	Work Performed	Time	TOTAL
		Total	

Subtotal	
Ship	
Total	

Dealer is responsible for inspection upon arrival per Dealer Agreement

Signature: *Title* *Date*

Parts must be held for 1 year and returned upon request with in 5 business days or Claim will be Denied.

Pictures must be submitted via email for claim or cliam will be denied

Damage parts ground only

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