BEST	DATE	SUBMITTED:		
VERINITE XPRESS		BOE PRO NUMBER: CLAIMANT		
	COMPANY NAME:			
L AREAS MUST BE	ADDRESS OR P.O. BOX NUMBER:			
LLED OUT TO				
SURE CLAIMS	CITY:	ГҮ: STATE: ZIP CODE:		
OCESSING	CLAIMANT'S CLAIM NUMBER			
	FORM FOR PRESENTATI		DAMAGE CLAIMS	
NOTE: REVIEW INFORMATION ENCLOSI		S CLAIM FORM		
CLAIM IS HEREBY FILED WITH BEST OV	ERNITE EXPRESS INC. FOR	OTHER:		
IN CONNECTION WITH THE SHIPMENT I	DESCRIBED BELOW			
BEST OVERNITE EXPRESS, INC.	FREIGHT BILL NUMBER		DATE///	
SHIPPER	POINT SHIPPED FROM _			
CONSIGNEE	DESTINATION			
			TOTAL AMOUNT CLAIMED: \$	
AS A MINIMUM: CLAIM MUST BE SUP TO INCLUDE SUFFICIENT DOCUMENT			OF THE FOLLOWING CATEGORIES. FAILU	
DOCUMENTATION OF TRANSPORTAT	ION CONTRACT	DOCUME	ENTATION OF COST OF GOODS	
COPY OF BILL OF LADING		ORIGINAL PURCHASE (VENDOR) INVOICE OR PHOTO COPY		
COPY OF FREIGHT BILL		OTHER DOCUMENTS TO SUPPORT CLAIM		
DOCUMENTATION THAT SHORTAGE OR DAMAGED OCCURRED		ORIGINAL REPAIR INVOICE OR PHOTOCOPY		
□ INSPECTION REPORT		RECORD OF DISCOUNTED SALE		
CONSIGNEE COPY OF FREIGHT BILL WITH SHORTAGE OR DAMAGE NOTATION BY DRIVER				
REMARKS:				
CORRESPONDENCE INFORMA' Name:		ne Number:		
CORRESPONDENCE INFORMA' Name: Fax:	Pho			

Please submit claim forms to claimsdepartment@bestovernite.com