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Daily Pricing Updates at www.usitek.com

Damage Claim Form

Carrier: _____ Shipping Method: _____ Tracking Number: _____

US itek Invoice Number: _____

Company/Customer Name: _____

Goods/Material Damaged: _____

Physical Location of Goods/Material: Lost [] US itek [] Customer []

Other Location (specify) [] _____

Contact Date: : _____ Person Spoke To: _____ Claim Number Issued: _____

Claim Form Received: _____ Completed By: _____ Date Faxed Back: _____

Notes:
