

Armstrong Moving & Storage, Inc.
 Claims Department
 2401 Double Creek Drive
 Round Rock, TX 78664

Claim Form
 See reverse side for instructions

ORDER FOR SERVICE NUMBER:

Customer name				
New address	Apt	City	State	Zip
Old address	Apt	City	State	Zip
Telephone numbers	Home ()	Office ()	Fax ()	
Pick up date?	Delivery date?	Was shipment in warehouse? ___ yes ___ no If yes, Where?		
Did employer pay for move? ___ yes ___ no If yes, name of employer?				
Valuation type declared ___ \$.60/lb./article ___ Lump sum/depr. ___ FVP ___ Valuation amount declared \$ _____ Deductible Y or N				

ANY ITEMS NOT LISTED ON CLAIM FORM, ONCE SUBMITTED WILL NOT BE ALLOWED.

HOME OFFICE USE ONLY

1 Inventory number	2 Article weight	3 Article description	4 Description of loss / damage	5 Date of purchase/ Age of item	6 Cost to replace	7 Amount claimed	8 Was carton damaged? Yes or No	9 C/S \$ or R=repair	10 Expl.	11 Resp. party
38	40 LBS.	END TABLE	SCRATCHED TOP	4 YRS	\$275.00	\$50.00	N/A			

IMPORTANT NOTICE: TXDOT regulations require that any claim be submitted in writing and received by carrier within 90 days from delivery of the shipment to the final destination or after a reasonable time for delivery has elapsed in the case of failure to make delivery.

Signature: _____ Date: _____
 The above constitutes my complete claim White - Original Canary - Customer

ARMSTRONG