

# Claim Form

**EAX Worldwide, Inc.**

*Use this form to report a claim for shipment loss or damage.*

Sections A and C must be entirely completed. Provide as much information as possible in Sections B and D.

Upon completion, fax this form to 619-668-9078. Receipt by *EAX Worldwide* will be acknowledged within 24 hours (weekends and holidays excepted). If additional information is required, you will be advised via fax. All claims will be adjudicated in strict accordance with the *EAX Worldwide* Conditions of Contract in place on the date *EAX Worldwide* took possession of the shipment. Upon receipt of all requested information, the claim adjudication process will be completed in within 30 days. Process can be expedited by faxing copies of your Invoice, your Bill of Lading and/or your Delivery Receipt.

## A *Your Contact Information*

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## B *Shipment Information*

Six Digit Shipment Number \_\_\_\_\_ Pieces \_\_\_\_\_ Weight \_\_\_\_\_

Shipped:  To a Tradeshow  From a Tradeshow

Name of Tradeshow: \_\_\_\_\_

City/State of Origin: \_\_\_\_\_

City/State of Delivery: \_\_\_\_\_

## C *Claim Information:*

If this claim is for LOSS, please describe missing piece(s):

If this claim if for DAMAGE, please describe the damage:

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D *Estimated Loss:* \$ \_\_\_\_\_ (Loss) \$ \_\_\_\_\_ (Damage)

Fax this form to 619-668-9078  
EAX Worldwide, LLC \*  
2530 Catamaran Way, Chula Vista, CA  
91914