



7556 Trade Street
San Diego, CA 92121
877-744-7887

COMPLETE AND FAX TO 858-437-0165 TO SUBMIT YOUR CLAIM
Claim Form

Shipment Information

TTS BOL#:	_____
Customer Name:	_____
Origin City, State:	_____
Pick-Up Date:	_____
Destination City, St.:	_____
Tradeshow Name:	_____

Description of Damaged or Lost Piece(s):

Estimated Repair or Replacement Cost: \$ _____

**Please include any official documentation to support above estimate.*

Important- All transportation charges must be paid prior to any claim being entertained. Claims must be filed within 10 days of delivery.

Signature: _____

Date: _____