

**UPS Air Freight
Guaranteed Service Claim Form**



Press F1 on any field for help

Refund Amount (specify currency):

Date filed:		Claim Payable To Payer Only:	
UPS Bill of Lading/Air Waybill No:		Company Name	
UPS Bill of Lading/Air Waybill date:		Address	
Customer Reference No.:	Customer Account No.:	City/Town/State/Country or Territory	Zip / Postal Code

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT

Description of Claim:

NOTE: Claim should be supported by following documents. Failure to include sufficient documentation may be grounds for denial of your claim and may delay conclusion of the claim. UPS reserves the right to request any additional documents not listed below.

Invoice number to which the refund request relates

Check number and check name on which the customer's payment was made, if applicable;

Copy of Air Waybill, bill of lading or shipping manifest;

Party filing claim is: Shipper Consignee Debtor/Payee

Fill in the appropriate box with contact information:

Shipper	Consignee
Address	Address
City/Town/State/Country or Territory Zip / Postal Code	City/Town/State/Country or Territory Zip / Postal Code

3rd Party Address:
City/Town/State/Country or Territory Zip / Postal Code

The statements contained in this claim form are hereby certified as true and correct.

Claimant's Company Name:	Tel No.:
Claimant's Contact Name (print):	E-Mail:
Claimant's Signature:	Date: Fax No:

Mail Claim to: UPS Air Freight, UPS Cargo Claims Department - 35 Glenlake Parkway NE, Ste-140 – Atlanta, GA 30328. Phone: 866-746-2404 Fax: 800-379-9084 Email: upsemeaclaims@ups.com

INTERNAL USE ONLY		
CLAIM APPROVED:	AMOUNT APPROVED: \$	CLAIM DENIED:
APPROVAL SIGNATURE:	DATE:	