

FREIGHT CLAIM

SHIPPING PRO #

Shop Information:

Date: _____ Phone No. _____ Email: _____
Name of Business: _____
Address: _____
Contact Name: _____
Driver Name and Unit No. _____ Date Shipment received: _____
Engine Serial No. _____ Type of Vehicle Model: _____ Year: _____ Engine: _____
Customer's PO# _____ RMA # _____

- Sign – (both parties) Bill of Lading- must be Noted with "DAMAGED" regardless of its condition
- Take pictures of Damages while on Truck and when Received
- Please provide pictures of Shock Watch and Tip N Tell also
- Submit Freight Claim form and pictures to DFC ASAP

Please complete ALL pages of this form and return to DFC Diesel Rebuilders:

Please List Visible Damages:

Office Use ONLY

Date: _____ DFC Approval: _____



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