



CLAIM FORM

Company Name: _____

Address: _____

Phone: _____

Contact: _____

Shipment Date: _____

Sterling BOL: _____

Amount being claimed: _____

Description of Items lost/damaged:

Please provide commercial invoice showing cost of goods along with all other relevant documentation and scan and email this form with any attachments to claims@sterlingtransportation.com.

Printed Name

Date

Signature