



Claims Form

Freight Shakers makes every effort possible to deliver first-class service in an efficient and timely manner. In the event that a claim for loss or damage must be filed, we're always here to facilitate. You can download our claim pdf form, hand write your information and fax it to us, or you can fill in the pdf electronically, print it and fax it to us. Either way, please be sure to also include any other supporting documents, and we'll address your claim as soon as possible. Our customers' satisfaction is our No. 1 priority.

Your Information

Claimant Claimant Contact Name Date
Claimant's Mailing Address
City State Zip Phone

Shipping Information

Claimant's File # Amount of Claim Carrier's Ref. # Shipment Date

Shipper's Name Shipper's Mailing Address
City State Zip Phone

Consignee Name Consignee Mailing Address
City State Zip Phone

Description of Claim Charges Short Damaged Other

Total Claim Amount

Please fax or mail any supporting documentation showing how the amount of claim is determined.

114 West Burke Street Phone: 770-507-9717 Fax: 770-507-6673
Stockbridge, Georgia 30281-3435 Toll Free: 800-894-8383 Email: ddickerson@freightshakers.com

Remit Claim Settlement To:

Claim Contact Info:

Name: _____
Phone: _____
Email: _____

Submit Claim To:

