



REQUEST FOR APPEAL

If your claim has been denied and you would like to appeal, please complete the following and fax 403.287.4324 or email shipmentcare@canadianfreightways.com A request for appeal form must be submitted in order for your file to be reviewed. For additional claims information go to: www.canadianfreightways.com

Please Print.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Your Reference No.: (if applicable) \_\_\_\_\_

CF Group of Companies Invoice No.:

Grid for invoice number: 3 boxes followed by 8 boxes

OR

CF Group of Companies Claim No:

Grid for claim number: 10 boxes

Claim filed for: \_\_\_\_\_ Damage \_\_\_\_\_ Shortage

REASON(s) FOR APPEAL

Be as specific as possible, use another sheet if necessary

Five horizontal lines for providing reasons for appeal

In addition, do not dispose of the damaged article(s) or its' packaging until a CF Group of Companies representative advises you to do so. Office Use Only

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions or concerns please call: Customer Care at 877-287-4352

Large empty box for Office Use Only