



Billing Address:
RED LION EXPRESS INC.
PO Box 69060
Edmonton RPO Skyview, AB
T6V 1G7
Phone: 780.306.9360

STANDARD CLAIM FORM

Claimant: _____

Address: _____

City/Prov: _____

Postal/Zip: _____

Contact Name: _____

Phone # _____

Fax# _____

Email Address: _____

Pro # _____ Your Claim # _____

Claim Amount: _____

Claim Type: LOSS _____ DAMAGES: _____

Description of Loss or Damage:

Date Shipped: _____ Date Received: _____

Claimants' Name: _____ Claimants' Signature _____