



MONTACHEM INTERNATIONAL, INC
Museum Plaza 702 200 S Andrews Avenue Fort Lauderdale, FL 33301
Phone +1(954) 385 9908 Ext 5715 / Fax +1(954) 208 0070

DATE:

CLAIM FORMAT

BASIC INFORMATION

CUSTOMER: _____
SALES ORDER# _____
INVOICE # _____

SHIPMENT INFORMATION

MATERIAL _____
QUANTITY (MT) _____ ETD _____
COUNTRY OF ORIGIN _____ ETA _____
COUNTRY DESTINATION _____ SEA LINE _____

TYPE OF CLAIM :

PRICE ADJUSTMENT	<input type="checkbox"/>	
COMMERCIAL AGREEMENT	<input type="checkbox"/>	
DAMAGED BAGS	<input type="checkbox"/>	Quantity (MT) _____ LOT# / REF# _____
DESTINATION CHARGES	<input type="checkbox"/>	Which _____
DOCUMENTAL MISTAKES	<input type="checkbox"/>	Which _____
SHORT SHIPMENTS	<input type="checkbox"/>	Quantity (MT) _____ LOT# / REF# _____
QUALITY PRODUCT	<input type="checkbox"/>	Quantity (MT) _____ LOT# / REF# _____
LATE DELIVERY OF DOCUMENTS	<input type="checkbox"/>	Documents received (date) _____
OTHER	<input type="checkbox"/>	Which _____

CLAIM EXPLANATION (Please give details)

AMOUNT OF CLAIM

TOTAL AMOUNT (USD): \$ _____

PROVIDED EVIDENCE: _____

NOTES: _____

You will receive an answer to your claim within 30 days

THANK YOU !