



**Claims Request for Appeal**

*If your claim has been denied and you would like to appeal, please contact* claims@nationalfastfreight.com *A request for appeal form must be submitted in order for your file to be reviewed.*

***Please Print***

Company Name:

Company Address:

City:       Province       Postal Code:

Phone Number:       Contact:

National Fast Freight Pro#       National Fast Freight Claim#:

Reason for Original Claim:

Reason for Appeal *(Be as specific as possible use another sheet if necessary)*

*In addition please do not dispose of the damaged article(s) or it’s packaging until a National Fast Freight Representative advises you to do so. If you have any questions of concerns please email* claims@nationalfastfreight.com

***Office Use Only Approved YES NO***

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***