



Saskatoon Office: 3550 Idylwyld Dr. N., Saskatoon, SK S7L 6G3
Edmonton Office: 4205 - 76th Ave, Edmonton, AB T6B 2H7
Saskatoon: (306) 242-0442 Edmonton: (780) 440-4174

CLAIM APPLICATION FORM

(Please Print)

To file a shipment loss or damage claim, complete and send/fax the following application to
Edge Transport Ltd. - Claims Department.

Please include a copy of the supplier's invoice, and/or repair bill when applicable. Documentation can be submitted to our Claims Department.
Saskatoon Fax: (306) 975-9396/ Edmonton Fax: (780) 440-4210 or mailed to the address above.

APPLICATION INFORMATION:

* Required Fields

* YOUR NAME: _____

* COMPANY NAME: _____

* CUSTOMER ACCOUNT NUMBER: _____

STREET ADDRESS: _____

* CITY: _____ * PROVINCE/STATE: _____ * COUNTRY: _____

* PHONE: _____ FAX: _____ EMAIL: _____

CLAIM INFORMATION:

YOUR REFERENCE: _____

* EDGE WAYBILL #: _____

* DESCRIPTION of DAMAGED and/or MISSING ARTICLE(S):

* TOTAL PIECES: _____ TOTAL WEIGHT: _____

COMPENSATION REQUEST:

COMPENSATION REQUESTED PER ARTICLE: CANADIAN CURRENCY US CURRENCY

SIGNATURE: _____ DATE: _____

* Damaged product must be retained until the claim has been finalized.