FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Central Freight Lines, Inc.		This Claim Is Made By:			
Attn: Loss & Damage Claims P. O. Box 2638		Company Name:			
Waco, Texas 76702-2638 Fax: (254) 741-5295		Address:			
		City: Zip:			
claims@centralfreight.com		Phone:			
Remit To:					
Claimant's/Y	our Claim/Ref. No.:	Date Claim I	Presented:		
This claim in for () Shor	the amount of \$	is made agains he described shipment:	t Central Freight	Lines, Inc.	
Freight Bill/I	Pro No.:	Date of Shipment: _			
Shipper:		Origin:			
Consignee:		Destination:			
Invoice No.:		Purchase Orde	r No.:		
Detailed state	ement showing how amount claimed is do	etermined:	<u> </u>		
Quantity	Description of Merchandise		Weight/Each_	Unit Price	Amt./E xt.
	Repair or Discount Amount:				
	Freight Charges (If Applicable):				
	Total Claimed:				
Your help in	providing the following information will	allow us to process you	r claim much mo	re quickly:	
1) 0	riginal Invoice	3) Repair	Invoice, if applic	able	
2) D	elivery Receipt/Consignee's copy	4) Photo	s, if available		
The foregoin Lading.	g statement of facts is hereby certified to	as correct and in accor	dance with all co	nditions of the Unif	orm Bill of
Signed:		Date:			
	is not supported with the Original Bill of I emnity Agreement:	Lading and the Original	Paid Freight Bill,	the claimant shoul	d also sign the
	emnify Central Freight Lines, Inc. or its without the Original Bill of Lading and		loss that may ari	ise from payment o	f the claim,
Signed:		Date:			
MOTE I	h		all transfer and the		-4

NOTE: It is the duty of the consignee to retain damaged merchandise and its shipping container until the investigation of the claim is completed. It is likewise the duty of the claimant, where there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the claimed loss as much as possible, either through repair or discounted sales.