



Forward Air Guaranteed Service Claim Form

Date filed:		Claim Payable To Claimant Only:	
Airbill No:		Claimant Name	
Bill of Lading date:		Address	
Customer Reference No.:	Customer Account No.:	City/Town/State/Country or Territory	Zip / Postal Code

NOTE: Claim should be supported by following document

Bill of lading

Failure to include documentation may be grounds for denial of your claim and may delay decision.

Forward Air reserves the right to request any additional documentation if deemed necessary.

Invoice number to which the refund request relates **if applicable;** _____

Fill in the appropriate box with contact information:

Origin (Airport Code)	Destination (Airport Code):
Address	Address
City/Town/State/Country or Territory Zip / Postal Code	City/Town/State/Country or Territory Zip / Postal Code

The statements contained in this claim form are hereby certified as true and correct.

Claimant's Company Name:	Tel No.:
Claimant's Contact Name (print):	E-Mail:
Claimant's Signature:	Date: Fax No:

E-Mail Claim to: Forward Air Guaranteed Service Dept: GSClaims@forwardair.com

Note: Refund of charges will appear as a credit memo on bill requested.

For Forward Air Use Only:

Amount Invoiced: _____

Adjustment Amount: _____

Balance Remaining: _____