

ELECTRO MOTIVE

Phone: 1-800-255-5355 Fax: 708-387-6665 or 6659

Email: claims.emd@PROGRESSRAIL.com

OS&D Claim Form

Customer Information: (Fill out COMPLETELY)

Date: _____

*Requested By: _____ *Company Name: _____

Phone #: _____ *Fax #: _____ *E-mail: _____

*EMD Customer Code: _____ Bill of Lading No.: _____

*Customer P.O.: _____ *EMD Order #: _____

EMD Invoice # _____ Invoice Date: _____ Item #(s) _____

**PLEASE NOTE: CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF DATE OF SHIPMENT
(90 days from date of shipment for international orders)**

Problem:

Check this box if multiple part numbers are claimed and send as an attachment.

(Check 1 problem per claim form)

Received **Overage** of _____ qty. of p/n _____ description _____

Received **Shortage** of _____ qty. of p/n _____ description _____

Received **Incorrect** material of _____ qty. of p/n _____ description _____

Short shipped _____ pieces of p/n _____ description _____

Shortage part number on packaging? Yes No

Incorrect part number on packaging? Yes No

Received **Damaged** quantity of _____ pieces of p/n _____ description _____

Was Outside Container Damaged Yes No

Was Box that contained part damaged Yes No

Customer Convenience for _____ pieces of p/n _____ description _____

(if you have many parts, please attach parts list)

Further Explanation/Details:

Action Requested

Credit Account

Debit Account

Advise material disposition

● **Indicates required information. Claim will be returned if information is not completely filled out.**

The customer is required to review and follow the requirements as detailed in the Material Returns Instructions. The customer will be liable for any fines or penalties levied against EMD for failure to comply with any requirements as detailed in the Material Returns Instructions. The Material Returns Instructions are located on the EMD website at: www.progressrail.com >Customer Care >EMD Material Return Instructions