



MAIL TO:
FedEx Ground
P.O. Box 108
Pittsburgh, PA 15230
ATTN: C.O.D. Dept.
FAX#: (412) 747-4294

Date of claim _____

Claimant's Claim No. _____
(If you assigned one)

C.O.D. CLAIM FORM

C.O.D. Claim in the amount of \$ _____ is hereby filed against FedEx Ground, Inc. in connection with the shipment described below:

IMPORTANT
Please file one (1) claim per invoice.

Shipper _____
(From) _____ ZIP: _____

Shipper No. _____
Package No.(s) _____

(SHIPPER NO. + PACKAGE NO. = BAR CODE LABEL NO.)

Consignee _____
(To) _____ ZIP: _____
Contact Name: _____
Contact Phone # (_____) _____

Date Package was shipped _____

FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION WILL DELAY PROCESSING OF CLAIM.
Claim must be supported with the following documents:

- FedEx Ground Pickup Record — Identifies package, shipment date and extra services purchased
- Invoice to Consignee — Original or photocopy certifying contents and value of package (include all pages showing all discounts)

Settlement Information

Claimant _____

Preparer's Name _____
Telephone No. (_____) _____
Fax No. (_____) _____

FedEx Ground Use Only:

Type of Claim _____
Amount \$ _____

Charge Account _____

Approved By _____
