METROPOLITAN WAREHOUSE & DELIVERY

Claim Request Form. (please print)

Date:

Fill to complete, otherwise may delay processing

Claim Amount ($)
☐☐☐☐☐☐

Metro Reference information
Ref # **Service date**

Reason of Claim
- ◯ Shortage
- ◯ Damage
- ◯ Other _____

Your Contact information

First Name Middle Last

Address

City State Zip

Phone # Fax #

Email address :

Payee information

First Name Middle Last

Address

City State Zip

Phone # Fax #

Email address :

Supplier / Shipper	Consignee
Address	Address

Claim details

		Attached documents	
	Damaged item(s) ◯ New ◯ Used	◯	Proof of purchase showing the value of items
◯	Damaged items are available for return	◯	Document to show replacement value.
◯	Not unavailable (Explain):	◯	If any repair was done, attach detailed bill explaining nature of repair
		◯	Other documents which may help us to expediate the processing

FAX:
(908) 474 0661

or

EMAIL:
Claims@metropolitanwarehouse.com

MAIL:
Metropolitan Warehouse & Delivery
2565 Brunswick Ave
Building J,
Linden NJ 07036
Ph. (800) 300 7417