



PRESENTATION OF DELAY CLAIM

ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 638-9797 ext: 2846 or 2850 / (812) 424-2222

U.S. DOT No. 125550

To expedite handling, please include your registration number. The registration number is on the upper right-hand corner of your Bill of Lading.
Atlas Reg. No. _____

CLAIM CAN ALSO BE FILED ONLINE AT: www.atlasvanlines.com OR FAXED TO 812-421-7129

NAME OF CUSTOMER _____ DATE _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREFERRED METHOD OF CONTACT HOME# _____ OFFICE# _____ CELL# _____
 FAX# _____ EMAIL ADDRESS _____

NUMBER OF PEOPLE IN HOUSEHOLD _____

Thank you for allowing Atlas Van Lines, Inc. (Atlas) the opportunity to perform your relocation. We apologize our services did not exceed your expectations.

Submitting a delay claim does not obligate Atlas to reimburse any expenses. We are not required to transport your shipment by any particular schedule, means or vehicle, other than with reasonable dispatch, unless specified under contract terms. If any additional costs were incurred due to a delay in the agreed on loading and/or delivery dates, please complete a delay claim form for compensation consideration. Receipts should be submitted to support your claim.

DETAILS OF EXPENSES

DATE	MEALS	LODGING	PER DIEM	TOTAL

Attach/include any additional comments. _____

_____	_____
Customer's Signature	Date