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. If additional costs were incurred due to a delay in the agreed upon loading and/or delivery of your goods caused by Atlas, it is our policy to consider reimbursement for reasonable, actual out-of-pocket expenses such as lodging and up to 50% of meal costs (unless contract terms state differently). All expenses must be supported by receipts and the delay claim form must be completed and signed by the customer.

DETAILS OF EXPENSES

DATE	MEALS	LODGING	RENTAL	MISC.	PER DIEM	TOTAL
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00

Attach/include any additional comments. _____

_____

_____ Customer's Signature

_____ Date

Retain a copy for your record's.