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.:	er 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
Short shipped	terial of qty. of p/n pieces of p/n er on packaging? ☐ Yes ☐ No er on packaging? ☐ Yes ☐No	description description
Was Outside Contai	antity of pieces of p/n ner Damaged Yes No ined part damaged Yes	n description
(if you have many parts, plea		description
Further Explanation/Details:		
Action Requested Credit Account Debit Account Advise material disposi	tion	
	rmation. Claim will be returned if info	rmation is not completely filled out. ts 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