



REQUEST FOR APPEAL FORM

If your claim has been denied and you would like to appeal, please complete this form and email to cargoclaims@tst-cfexpress.com A request for appeal must be submitted in order for your file to be reviewed. For additional claims information, go to www.tst-cfexpress.com

Company Name: _____
 Address: _____
 City: _____ Prov : _____ Postal Code: _____
 Telephone: _____ Fax: _____
 Contact Name: _____ Your Reference #: _____
 (if applicable)

TST-CF Express PRO: -

OR

TST-CF Express Claim #:

Claim filed for: Damage Shortage

Reason(s) for appeal:

Be as specific as possible.

Signature: _____
 Date: _____

Note: **Do NOT dispose of damaged article(s) or packaging until a TST-CF Express representative advises you to do so.**

If you have any questions or concerns, please call:
1-877-287-4352

Internal use only