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**Logistics Department**

**Loss and Damage Claims Procedure**

**DEALER SALVAGE AUTHORIZATION**

|  |
| --- |
| General Information |
| Customer Name: |  | Attention: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Carrier and Original Pro Number: |  | Shipper: |  |
| Our Claim Number/Invoice Number: |  | Consignee: |  |

Please use this authorization to salvage the damaged product, covered by the above Pro Number. As a part of the credit memo process, (Your Company Name) will deduct the amount of this credit from the corresponding credit memo.

**Product to Be Salvaged**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Product Description** | **SKU** | **Weight**  | **Cost Per Unit** | **Salvage Allowance** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Please acknowledge receipt of these instructions and Authorization, in writing to this writer.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Your Name: |  |
| Title: |  | Date: |  | Your Signature: |  |

If you have any questions or problems arranging for this pick up and/or salvage, please contact this writer:

|  |  |  |  |
| --- | --- | --- | --- |
| Writer Name: |  | Writer Signature: |  |
| Phone: |  | Fax: |  | Email: |  |