

Please fill out and fax or e-mail this form back to us ASAP  
mikem@salvor.com

Fax 978-741-4365

Your File or Reference # \_\_\_\_\_

ITEM	Yes	No	Can't Supply
Copy of Bill of Lading	_____	_____	_____
Copy of Manifest	_____	_____	_____
Copy of Invoice	_____	_____	_____

Commodity Description \_\_\_\_\_

Claimed Value \_\_\_\_\_

Location of Inventory \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Contact Person? \_\_\_\_\_

Reason for Claim? \_\_\_\_\_

Is product released? \_\_\_\_\_

Who Loads Out? \_\_\_\_\_

Who pays for load out? \_\_\_\_\_

Any Restrictions to Sale? \_\_\_\_\_

Brands & Labels Considerations

Insurance Company if any \_\_\_\_\_

Who gets salvage proceeds \_\_\_\_\_

Thanks,  
Mike Mentuck