

CUSTOMER CLAIM REQUEST FORM

Customer:	Customer Reference #:	SDI Customer Service Rep:
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Invoice #:	Bill of Lading #:	Sales Order #:	Date:
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Section Size	Length	Pcs	Lbs	Bundle #	Heat ID	Grade

Description of Claim:

***NOTE:** Handling damage claims must be filed within 90 days of shipment. Failure to do so will result in denial unless sufficient evidence can be provided to show damage did not occur at customer facility.*

Customer Desired Action:				<i>(May select multiple)</i>	
<input type="checkbox"/> Repair	How:		Est. Cost:	\$	
<input type="checkbox"/> Replace	Details:				
<input type="checkbox"/> Scrap	Details:				
<input type="checkbox"/> Pick Up	Location:		Date:		
<input type="checkbox"/> Other	Details:				

Pictures Attached:	Form Completed By:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Customer <input type="checkbox"/> SDI Name:

Credit Memo Recipient Email:

Additional Notes:

To Initiate Claim:

1. Complete form.
2. Attach any supporting documentation.
3. Send to SDI Claims Clerk:
claims.cci@steeldynamics.com

Accounting Use Only:

Claim #:

Date Received: / /