

STRUCTURAL CUSTOMER CLAIM REQUEST FORM

CUSTOMER:	CUSTOMER REFERENCE #:	SDI CUSTOMER SERVICE REP:
INVOICE #:	BILL OF LADING #:	SALES ORDER #:

SECTION SIZE	LENGTH	#OF PIECES	LBS	BUNDLE#	HEAT #	GRADE

DESCRIPTION OF CLAIM

CUSTOMER DESIRED ACTION :

FIX / REPLACEMENT HOW: _____ EST. COST: \$ _____

SCRAP

PICKUP PRODUCT LOCATION: _____ DATE TO PICKUP : _____

OTHER DESCRIBE: _____

PICTURES ATTACHED? REQUEST INITIATED BY DATE REQUESTED

YES NO NOT APPLICABLE

CREDIT MEMO RECIPIENT EMAIL

SDI ACTION / RECOMMENDATION:

DATE: _____ BY: _____ NOTES: _____

To Initiate Claim:

1. Complete Form
2. Attach any Supporting Documentation
3. FORWARD TO CLAIMS CLERK at claims.cci@steeldynamics.com

ACCOUNTING USE ONLY

Claim # _____

Received: / /