

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 :

REPLACEMENT

SCRAP

PICKUP PRODUCT LOCATION: DATE TO PICKUP :

FIX HOW: EST. COST: \$

OTHER DESCRIBE:

PICTURES ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	REQUEST INITIATED BY	DATE REQUESTED
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SDI ACTION / RECOMMENDATION:

DATE: BY: NOTES:

To Initiate Claim:

1. Complete Form
2. Attach any Supporting Documentation
3. Forward to SDI Claims at
rbd-claims@steeldynamics.com

INTERNAL USE ONLY

Claim #

Received: / /