



406 E. HUNTINGTON DR. STE 200
MONROVIA, CA. 91016

CMA STANDARD CLAIM FORM FOR SHIPPING DISCREPANCIES AND PRICING ERRORS

CMA Customer ID _____
 Company Name _____
 Address _____
 City, State, Zip _____
 CMA Invoice No. _____
 Invoice Date _____

****Required for All Shipping Errors or Discrepancies****

Container Number _____
Container Seal No. _____

CMA Product ID No.	Description	Size/Ply	Qty Invoiced	Qty Received	Over / (Short)	Price Billed	Price Claimed	Price Difference	Extended Price Difference

REMARKS: _____

