



Express Logistics, Inc.

Invoice Dispute Request Form

Please fill out the following:

Request Date:	_____	Carrier:	_____
Customer Name:	_____	Pro No:	_____
Contact:	_____	BOL No:	_____
Email:	_____	Ship Date:	_____
Phone:	_____	Inv. No:	_____
Fax:	_____	Dispute \$:	_____

Detailed dispute discription:

Please also include any documentation you have on file that will help me resolve this claim for you!

Sincerely

Express Logistics' Admin Team

Return the form to Express Logistics, by:

Email support@exp-logistics.com
Fax (877) 842-2270
Mail PO Box 628, Waukee, IA 50263