



# G7N PROTECTION CLAIM FORM

Please complete the form and email to [members@g7networks.com](mailto:members@g7networks.com)

Company Filing Claim

Claimant Branch

Debtor Company

Debtor Branch

Other network memberships

Claim Filing  I haven't filed a claim to any other network  
 I have filed a claim with the following networks (please specify)

## INVOICE DETAILS

(Note that only invoices between 90-150 days aging are eligible for G7N Financial Protection Benefits, but please include all outstanding invoices with the debtor company for our information)

Inv. Date	Inv. No.	Inv. Amount	Inv. Date	Inv. No.	Inv. Amount
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			<b>TOTAL AMOUNT</b> <input type="text"/>		



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**COMMENTS:** (Please include a summary of collection efforts made)

**Please attach all relevant documents for the invoice(s) subject to claim – shipping document (HAWB, MAWB, HB/L, MB/L), copies of invoice, statement of account, emails, etc.**

RESOLUTION CENTER: Use of Resolution Center is required for coverage by G7N Financial Protection  
I hereby certify that the above information given is true and correct as to the best of my knowledge.  
I understand that false statements and/or fabricated documents may disqualify me for  
G7N Financial Protection.

Name

Date