

IFFA PAYPROTECT



Please type & save in word document and email this to info@myiffa.com

Required fields
MUST be filled

Company Filing Claim*:		Date*:	
Claimant Branch City	Credit terms agreed between parties*:		
Debtor Company*:			
Debtor Branch City	Other Network Affiliation outside IFFA*:		
	Legal Liability Insurance Co. & Policy #*:		

INVOICE DETAIL: (note that only invoices between 90-150 days aging can be claimed)
ALL outstanding invoices with the debtor company for our information)

All Invoice Dates	All Invoice Nos.	Invoice Amount	All Invoice Dates	All Invoice Nos.
			Total Claim Amount Currency*	

COMMENT: (include collection efforts made)

Please Attach all relevant shipping documents (**MAWB, HAWB, MB/L, HB/L**) copies of account, emails etc.

No claims will be accepted unless all required fields (*) are complete.

Person Filing Claim*:	
Email Address*:	