## **IMPORTANT**

FOR

## Your Protection

This shipment is INSURED against DAMAGE and LOSS, but your prompt report of either is necessary to obtain replacements. In case of serious damage amounting to several dollars, please assist us in collecting insurance for your account, by notifying your freight or express agent at once to call and examine the goods regardless of the external condition of the boxes and even though you feel sure it is an error on the shipper's part. Then fill out the report form below, attach the packing ticket and mail to us. WE WILL DO THE REST.

NOTE: The Interstate Commerce Commission has held the carrier equally responsible for concealed damage as for visible damage.

# DO NOT DESTROY PACKING MATERIAL OR BOXES UNTIL YOUR AGENT HAS EXAMINED THEM.

### SHORTAGE

Examine PACKING TICKET which will be found in one of the boxes. This ticket lists only items packed.

Carefully examine packing material used to fill up space to make certain the missing items were not overlooked.

Compare number of cases with quantity on packing slip.

Unwrap all packages and boxes; small and fragile articles are frequently wrapped within others or rolled in packing material.

Make certain that articles were not placed in stock or taken away for immediate use before being checked.

DO NOT DELAY - Please co-operate with us by reporting all discrepancies at once

#### GENERAL RADIO COMPANY

30 STATE STREET

CAMBRIDGE A, MASS.

#### REPORT OF EXAMINATION

This is to certify that the shipment as covered by the attached packing ticket arrived at destination with contents damaged. The damage (was) (was not) concealed and (was) (was not) discovered when shipment was received. The list of damaged goods is attached.

| That shipment was received by us on      |                         | 193 , and             |
|--|-------------------------|-----------------------|
|  | Date                    |                       |
| that the                                 | Company was notified on |                       |
| Name of R. R. or Exp.                    |                         | Date                  |
| and asked to call and examine the goods. | Consignee               |                       |
|  |                         | Signature of Customer |
| Dated                                    | Address                 |                       |