

**RECEIVABLE PROTECTION PROGRAM (RPP) CLAIM FORM****Claimant Company Information**

Claimant Company Legal Name:							
Person of Contact for this Claim:		Phone:		Fax:		E-mail:	
Contact Name:							
Claimant Company Address:							
Company Address Continued:							
City:		State/Province:		Postal Code:		Country:	
Main Phone:		Main Fax:					
Toll-Free		Main E-mail:					

**Delinquent Company Information**

Delinquent Company Legal Name:							
Person(s) of Contact at Delinquent Company:		Phone:		Fax:		E-mail:	
Contact Name:							
Delinquent Company Address:							
Company Address Continued:							
City:		State/Province:		Postal Code:		Country:	
Main Phone:		Main Fax:					
Toll-Free		Main E-mail:					

**RPP Claim Details**

Date of Original Invoice (Month/Day/Year):	Original Invoice Number:	Value of Claimed Invoice (in U.S. Dollars):	Value of Claimed Invoice (in Original Currency):	Shipment Origin	Shipment Destination	
	#	\$				
Follow-up/Collection Attempt(s)	(Month/Day/Year)	Indicate Method(s) of Follow-up			Contact Made?	
First Attempt:		Phone	Fax	E-mail	YES	NO
Second Attempt:		Phone	Fax	E-mail	YES	NO
Third Attempt:		Phone	Fax	E-mail	YES	NO

**\*Attach copies of original invoice and any correspondence attempting to collect unpaid invoice to this claim form!**

Have you had any reply to your request for payment and/or contact from the delinquent company?	YES	NO
Do you know if the delinquent company has filed for bankruptcy or has ceased business operation?	YES	NO
Have you and/or your company previously filed claims through the Receivable Protection Program?	YES	NO

If <b>YES</b> , indicate when (month/day/year):	
Is your company a participant in any other credit and/or receivable protection program?	YES NO
Has your company filed a claim against another program in conjunction with this claim?	YES NO

**STATEMENT:** By signing below, I and/or my company verifies that I/we will notify the HHGFAA if payment, partial or complete, is received for the above indicated claim. Furthermore, I/we assign to the HHGFAA any right or interest I/we have against the above named delinquent company, or other persons for the claim payments received from the RPP. I/we authorize our insurance provider to release information concerning additional insurance coverage related to this claim.

Signature:		Title:		Date:	
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**NOTE:** Any individual or entity who knowingly files a false or deceptive claim against the Receivable Protection Program (RPP) is guilty of insurance fraud and will be prosecuted to the full extent of the law. Furthermore, any HHGFAA member found guilty of fraud under the RPP Program will immediately be removed from membership.

**Claim Filing Instructions**

- Before filing a claim, claimant must be familiar with the program rules by reviewing "The Receivable Protection Program: Operational, Procedural and Governing Regulations"
- The claimant company must have completed the official RPP application and must be a HHGFAA member in good standing
- The claimant company must have been a member of the RPP for a minimum of 90 days before filing a claim through the program
- The claimant company must submit a separate RPP claim form for each unpaid/outstanding invoice
- The claimant company must provide sufficient information/documentation for investigating and determining whether the claim is valid
- Submit RPP claim and supporting documentation to:
 

HHGFAA, Inc.  
Attn: RPP Claims  
5904 Richmond Hwy., Suite 404  
Alexandria, VA 22303  
FAX: (703) 317-9960

g. Initial claim may be submitted via fax or e-mail, however original documents must be provided via regular mail within 7 to 10 business days after receipt of initial claim form

FOR HHGFAA OFFICE USE ONLY:	Received on: ___/___/___	Received via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail
	Received by: _____	Entered into system: ___/___/___