**CLAIMANT SIGNATURE:** 

DATE:

This form represents a request for arbitration by Whiteshoe natural language processing arbitration accesible via www.whiteshoe.net/arbitrate. This form incorporates the Whiteshoe Commercial Rules and Procedures.

Name of Claimant:		
Representative of Claimant:		
Address:		
State:		
Phone Number:		
Email Address:		
Has the dispute b other arbitration?	een brought to a (if yes, describe)	ny other tribunal, such as a court, mediator, or ):
Brief Description of Dispute:		
Relief Sought:	Injunction:	Monetary Award:
Preferred Rules:	Standard:	
	Expedited: (judgement with	nin 35 days max)
	Large: (can use huma	n arbitrator for pleadings process)
Respondent name:		
Respondent Representative:		
Respondent Contact Information:		