



**COMMERCIAL ARBITRATION RULES
DEMAND FOR ARBITRATION**

You are hereby notified that a copy of our arbitration agreement and this demand are being filed with TAIAS with a request that it commence administration of the arbitration. TAIAS will provide notice of your opportunity to file an answering statement.

Name of Respondent:

Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

Name of Representative (if known):

Name of Firm (if applicable):

Representative's Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of TAIAS, hereby demands arbitration.

Brief Description of the Dispute:

Dollar Amount of Claim: \$

Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/Exemplary
Other:

Amount enclosed: \$

In accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule

Please describe the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:

