



1-800-AVERITT

www.averittpress.com

LETTER OF RECONSIGNMENT

Note: All sections must be filled out or reconsignment cannot be processed.

Please fill out completely and fax to **931-520-2779**.

A. Pro (tracking) #: _____ BOL #: _____
PO#: _____

B. Reconsign freight to (if this is a dock pickup, proceed to Section C):
Name: _____
Address: _____

City, state, zip: _____

C. Is this a dock pickup? _____ No _____ Yes, release freight to: _____
Note: No reconsignment fee for dock pickups.
Additional freight charges may apply if requesting to pick up freight at a different service center.

D. If delivery appointment is required, please provide the following information:
Contact name: _____ Phone #: _____

E. Bill original freight charges to:
Name: _____
Account #: _____
Address: _____

City, st, zip: _____

F. Bill additional freight charges and reconsignment fee to: _____ Reco fee: _____
Name: _____
Account # or address: _____
City, st, zip: _____

Note: If sections E and F are left blank, all charges will be billed to original payor.

G. Charges requested prior to completion? _____ No _____ Yes

Signature _____ Print Name _____

Company name _____ Date _____

Phone number _____ Fax number _____

Authorized by:

_____, Reconsignment Specialist

Phone: _____ • **Fax:** 931-520-2779 • reconsignment@averittpress.com