

* Click in document to fill out form

FAX COVER SHEET

USF BESTWAY USF DUGAN USF HOLLAND USF RED STAR USF REDDAWAY

TO:

FROM:

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

CARRIER REFERENCE NUMBER:

E-MAIL:

YOUR REFERENCE NUMBER:

ADDRESS:

ADDRESS:

CITY:

STATE:

ZIP:

CITY:

STATE:

ZIP:

URGENT

FOR REVIEW

PLEASE COMMENT

PLEASE REPLY

NOTES/COMMENTS:

PRESENTATION OF OVERCHARGE CLAIMS

PLEASE USE EITHER MAIL OR FAX – NOT BOTH

* Click in document to fill out form

Name of Claimant:	Date:
Address of Claimant:	*Claimant's Number:
Name of Carrier:	Carrier's Number [for carrier use only]:

THIS CLAIM FOR \$ _____ IS MADE FOR OVERCHARGE IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENTS:

Nature of Overcharge/Authority for (weight, rate, or class, etc):

DETAILED STATEMENT OF CLAIM

Note: If claim covers more than one item taking different rates and classification, attach separate statement showing how overcharge is determined and insert totals in space below.

PRO NUMBER	DATE mm/dd/yyyy	AMOUNT PAID	CORRECT AMOUNT	OVERCHARGED (CLAIMED) AMOUNT
			TOTAL	

Remarks:

IN ADDITION TO ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM**:

- | | |
|--|---|
| <input type="checkbox"/> Original paid freight bill.
<input type="checkbox"/> Original invoice, or certified copy, when claim is based on weight or valuation, or when shipment has been improperly described.
<input type="checkbox"/> Original bill of lading, if not previously surrendered to carrier, when shipment was prepaid, or when claim is based on misrouting or valuation. | <input type="checkbox"/> Weight certificate or certified statement when claim is based on weight.
<input type="checkbox"/> Other particulars obtainable in proof of overcharge claimed.
<hr/> <hr/> |
|--|---|

BOND OF INDEMNITY: The undersigned guarantees to protect any carrier having an interest against any and all loss, costs, and expenses, including attorney fees, which may result to carrier from payment of this claim by reason of our failure to support same with original paid freight bill.

The foregoing statement of facts is hereby certified as correct. Signature: X _____

* Please assign a claim number for this claim. Refer to this claim number in all future correspondence.
 ** Place a check next to the supporting documents that are attached. If a form is not attached, please explain in the "Remarks" section. If you cannot produce an original bill of lading or paid freight bill, carrier is indemnified against any duplicate claims supported by the original documents.