

Instructions for Completing an Overcharge Claim Form

1. Company Name
2. Company Address
3. Today's date
4. Company's identification/ Reference Number
5. Requested Refund Amount
6. Person/ Company Filing Claim
7. Product/ Commodity
8. Shipper's Name and Address
9. Shipper's City/ State
10. Destination City/ State
11. Carrier's Name
12. Creator of Bill Of Lading
13. Shipment Date
14. List Freight Bill Number(s)
15. Consignee's Name/ Address
16. Reason for Filing Claim
17. Quantity of Items Shipped
18. Packaging, Product Description, NMFC #, and Class of Shipment
19. Shipment Weight
20. Rate CWT (per hundred weight)
21. Freight Charge
22. Accessorial(s) Listed Separately (fuel surcharge, hazmat, lift gate, etc.)
23. Accessorial(s) Amount
24. Total Invoice Amount
25. Quantity of Items Shipped
26. Packaging, Product Description, NMFC #, and Class of Shipment
27. Shipment Weight
28. Adjusted Rate CWT (per hundred weight)
29. Adjusted Freight Charge
30. Accessorial(s) Listed Separately (fuel surcharge, hazmat, lift gate, etc.)
31. Adjusted Accessorial(s) Amount (if applicable)
32. Total Invoice Amount with Adjusted Charges
33. Claim Amount [Line (24) minus Line (32)] Amount should match Line (5)
34. Legal Documentation (NMFC/ Contract/ Tariff/ Pricing)
35. Filer's Signature Required
36. Claimant's Name/ Address for Mailing Purposes

***** When completed, please send the form and all supporting documentation to the Overcharge Claims Department, Attention Janet Murphy *****

Mailing address: 650 Westtown Rd, P O Box 564, West Chester, PA 19380

Email address: jmurphy@pyleco.com

FAX: 610-696-5166

Questions, please call 610-696-5800 ext. 3375

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIMS

Janet Murphy
 (Name of person to who claim is presented)

*
 (1) (Name of Claimant)

*
 (3) (Date)

A. Duie Pyle, Inc
 (Name of Carrier)

*
 (2) (Address of Claimant)

*
 (4) (Claim Number)

P.O. Box 564 West Chester, PA 19381
 (Address)

610-696-5166
 (Carrier's Fax)

(Pyle's Claim Number)

This claim for (5) \$ _____ is made against the carrier named above by (6) _____
 For overcharge in connection with the following described shipment(s):

(7) Description of shipment _____

(8) Name and address of consignor _____

(9) Shipped from _____

(10) Final Destination _____ (11) Routed via _____

(12) Bill of Lading issued by _____, (13) Date of Bill of Lading _____

(14) Paid Freight Bill (Pro) Number(s) _____

(15) Name and Address of Consignee _____

(16) Nature of Overcharge Claim * _____

DETAILED STATEMENT OF CLAIM

No. Pkgs.	Articles	Weight	Rate	Charges
(17)	(18) As Billed	(19)	(20)	(21)
			(22)	(23)
	Totals			(24.)
(25)	(26) Should be Billed	(27)	(28)	(29)
			(30)	(31)
	Totals			(32)
	Difference			(33)

(34) Authority: * _____

1: Original bill of lading, if not previously surrendered to carrier.

2: Original paid freight ("expense") bill.

3: Other _____

(35) * (Signature of Claimant)

Bond of Indemnity: whereas, the undersigned cannot produce the original receipted freight bill, the Claimant hereby agrees to protect and indemnify the interested carries against any other claim, which may be supported by the original freight bill. The Claimant by written Contract with the undersigned authorizes the latter to execute Bond of Indemnity on its behalf, such bonds having same force and effect as those executed by Claimant.

(36) *Acknowledgement, all correspondence and check

* Payable to: _____

* Should be forwarded to: _____