Standard Form for Presentation of Billing Disputes or Overcharge Claims
(See NMFC Items 300300 or 300500)

Claimant:
Name:__________________________ Address:__________________________
City, State, Zip:__________________ Claim Amount: ________________________
Claimant’s Reference No.:__________________ Signature:______________________
Telephone:______________________ Fax:__________________________
Email:__________________________
Date*:__________________________

*Per NMFC Items 300320 or 300520 all claims must be filed within 180 days from receipt of original invoice. Claims filed after this period will not be accepted.

<table>
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<tr>
<th>Freight Bill No. or Pro No.</th>
<th>Date</th>
<th>Weight</th>
<th>Amount Paid</th>
<th>Correct Amount</th>
<th>Overcharge Amount</th>
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Supporting Documentation:

- [ ] Original Freight Bill (must be included if available)
- [ ] Rate, Classification, Commodity Description or Weight Claimed to Have Been Applicable
- [ ] Freight Bill Payment Information
- [ ] Other Documents or Data to Support Claim

Additional comments:_________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Except as otherwise provided in individual carrier’s tariffs, for procedures governing overcharge claims, unidentified or duplicate payments involving the transportation of property by motor carriers of household goods, motor carriers participating in the noncontiguous trade and freight forwarders subject to 49 USC Subtitle IV, Part B, see NMFC Items 300300 through 300380.

Except as otherwise provided in individual carrier’s tariffs, for procedures governing billing disputes, see NMFC Items 300500 through 300530.

Send completed form and backup documents to OverchargeClaims@aduiepyle.com