

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIM

Payable To: _____
(Claimant)

Your Claim Reference: _____

Carrier Claim No.: _____

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.

Mail To: _____

SIGNATURE: _____

ATTACH EITHER AN ORIGINAL PAID FREIGHT BILL AT THE LEFT MARGIN OR A COPY OF THE FREIGHT BILL AND SIGN THE BOND OF INDEMNITY

Attach all documentation to the back of claim form.

Changes in the weight or description require supporting documentation. The following are acceptable:

1. Original bill of lading or copy thereof. Or copy of electronic bill of lading manifest.
2. Vendor invoice, or certified copy, when claim is based on weight or valuation of shipment that has been improperly described.
3. Catalog pages or product information.
4. Original packing slip or receiving reports.

SEND CLAIMS TO:

R+L Carriers, Inc.

Attn: Overcharge Claims
600 Gillam Road, P. O. Box 271
Wilmington, Ohio 45177
Phone: 800.543.5589 x 2454
FAX: 937-283-3963
overchargeclaims@rlcarriers.com

Freight Bill No(s): _____

Basis for overcharge claim or tariff authority:

CHARGES SHOULD BE:

Weight	Rate	Extension

SIGNATURE

DATE

\$ _____
OVERCHARGE AMOUNT