

CLAIMANT'S PRESENTATION OF CLAIM

Overcharge Claim

Claimant Claim ID:	
Claim Date:	
Claim Amount:	

Claimant:

Payable to:	Company Name	
Mail to:	Name Street City, ST, ZIP	

Freight Bill #	Freight Bill Date	Amount Paid	As Should Be:			O/C
			Weight	Rate	Charges	

Authority:

NMFC:		Item:		Sub:	
Class:		Tariff:		Item:	

Reason for Claim:

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.

In lieu of a written contract or established governing provisions, the claim will be processed in accordance with the AVRT 100, Item 410 and the NMF 100 Series tariff.