



PRESENTATION OF OVERCHARGE CLAIMS

Click in document to complete form.

COVER SHEET

| | | | | | |
|---------------------------------------|--------------|---------------|--------------------------------|--------|------|
| To: Pricing Support/Overcharge Claims | | | From: | | |
| Company: Reddaway | | | Date: | | |
| Phone: 1-888-420-8960 | | | Total pages (Including cover): | | |
| Email: OVC@reddaway.com | | | Carrier reference number: | | |
| | | | Your reference number: | | |
| Address: P.O. Box 1300 | | | Address: | | |
| City: Tualatin | State: OR | Zip: 97062 | City: | State: | Zip: |

| | | | |
|---------------------------------|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> URGENT | <input type="checkbox"/> FOR REVIEW | <input type="checkbox"/> PLEASE COMMENT | <input type="checkbox"/> PLEASE REPLY |
|---------------------------------|-------------------------------------|---|---------------------------------------|

Notes/comments:

| | | |
|---|-----------------------------------|--|
| Reddaway PH: 1-888-420-8960 P.O. Box 1300 Tualatin, OR 97062 OVC@reddaway.com | Pricing Support/Overcharge Claims | PRESENTATION OF OVERCHARGE CLAIMS |
|---|-----------------------------------|--|

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| | |
|----------------------------------|--|
| Claimant name: | Date: |
| Claimant address: | *Claimant's number: |
| Carrier name: REDDAWAY | Carrier's Number (for carrier use only): |

This claim for \$ _____ is made for overcharge in connection with the following described shipments:

Name 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 classifications, 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"/> Weight certificate or certified statement when claim is based on weight |
| <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"/> Other particulars obtainable in proof of overcharge claimed. |
| <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. | |

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

The Foregoing statement of fact is hereby certified as correct. Signature: X _____

* Please assign a claim number to this claim. Refer to this claim number in all future correspondence.

** Place a check next to 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 a paid freight bill, carrier is indemnified against any duplicate claims supported by the original documents.