

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIMS

MAIL: TForce Freight
Overcharge Claims Dept
1000 Semmes Avenue, P.O. Box 1216
Richmond, VA 23224

PHONE: 570-969-3400
FAX: 770-990-1715
Attn. OVERCHARGE CLAIMS
[EMAIL: overchargeclaims1@tforcefreight.com](mailto:overchargeclaims1@tforcefreight.com)

CLAIMANT/PARTY to be refunded**: _____

C/O _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip-Code: _____

**** Only the party that made payment on original freight bill is eligible to receive refund, unless paying party authorizes with assignment of interest.**

THIS CLAIM IS FOR: \$ _____

Pro(s) _____

Note: If claim covers more than one item taking different rates and classifications, attach separate statement showing how overcharge is determined. Please provide other information that would help the processing of your claim i.e. check number(s) on each pro/freight bill. Be specific as possible with your reason/tariff authority to avoid delay in processing your claim.

REASON/TARIFF AUTHORITY FOR OVERCHARGE:

Note: When impossible for the claimant to produce original bill of lading or paid freight bill, the bond of indemnity must be signed below to protect carrier against duplicate claim filed by other parties who can produce original documents.

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 to carrier from payment of this claim by reason of our failure to support same with original paid freight bill.

Company: _____

Signature: _____