

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIM



OVERCHARGE CLAIM FORM

Payable To: _____
 (CLAIMANT) _____

Your Claim Reference: _____

Claim Amount \$ _____

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:

NEMF
 1-71 NORTH AVENUE EAST
 ELIZABETH, NJ 07201-2936
 ATTN: OVERCHARGE CLAIMS

SIGNATURE: _____

Fax: 908-629-0861 or Email: Traffic@nemf.com

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

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.
- 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.

* Or copy of electronic bill of lading manifest.

Basis for overcharge claim or tariff authority:

CHARGES SHOULD BE:

	Weight	Rate	Extension

OVERCHARGE

SIGNATURE: _____

DATE: _____ AMOUNT: \$ _____