

**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: 908-965-0070 or Email: Overcharge@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: \$ \_\_\_\_\_