



## Presentation of Overcharge Claims

Options for Filing Your Claim:

**Mail to:**

FedEx National LTL  
Overcharge Claims  
P.O. Box 95003  
Lakeland, FL 33804-5003

**OR**

**Fax to:**

1.863.680.1104



# Presentation of Overcharge Claims

Name of Claimant:	Date:
Address of Claimant:	**Claimant's Number:
Name of Carrier:	Carrier's Number:
Carrier's Address:	
<b>THIS CLAIM FOR \$ IS MADE FOR OVERCHARGE IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENTS:</b>	
Paid Freight Bill (Pro) Number:	
Nature 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 classification, attach separate statement showing how overcharge is determined and insert totals in space below.

	NO. OF PKGS.	ARTICLES	WEIGHT	RATE	CHARGES	AMT. OF OVERCHARGE
CHARGES PAID:						/
		TOTAL				
SHOULD HAVE BEEN:						
		TOTAL				

IN ADDITION TO ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM\*:

- |  |  |
|--|--|
| <input type="checkbox"/> Original paid freight bill.<br><input type="checkbox"/> Original invoice, or certified copy, when claim is based on weight or valuation, or when shipment has been improperly described.<br><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. | <input type="checkbox"/> Weight certificate or certified statement when claim is based on weight.<br><input type="checkbox"/> Other particulars obtainable in proof of overcharge claimed. |
|--|--|

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

*The foregoing statement of facts is hereby certified as correct.*      Signature: X \_\_\_\_\_

\*\* Please assign a claim number for this claim. Refer to this claim number in all future correspondence.  
 \* Place a mark next to the supporting documents that are attached. If a form is not attached, please explain in the "Remarks" section. If you cannot produce the original bill of lading or paid freight bill, carrier is indemnified against any duplicate claims supported by the original documents.