



An ArcBestSM Company

OVERCHARGE CLAIM FORM

ABF FREIGHT SYSTEM, INC.
ATTN: Overcharge Claim Department
P.O. Box 10048
Fort Smith, AR 72917-0048

DATE: _____

Name and complete address of claimant (for remittance or correspondence):

Claimant name: _____ **Claim Number _____
(NOTE: Reference will be made to this number in all correspondence)

Street or P.O. Box: _____

City, State, Zip: _____ Dollar Amount of Claim: \$ _____

| | | |
|-----------------|-------------|--------------------|
| ABF PRO # _____ | DATE: _____ | AMOUNT OF \$ _____ |
| _____ | _____ | OVERCHARGE: _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Nature of overcharge: _____
(weight, rate, classification, discount, etc.)

Authority for correction: _____
(reference tariff, item number, effective date, etc.)

REMARKS: _____

**** CLAIMANT SHOULD ASSIGN A NUMBER TO EACH CLAIM.**



An ArcBest™ Company

OVERCHARGE CLAIM FORM

Payable to: _____
(CLAIMANT) _____

Claimant's Number: _____

ABF Freight Bill No.: _____

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's fees, which may result to carrier from payment of this claim by reason of our failure to support same with original freight bill.

SIGNATURE: _____

**MAIL TO: ABF FREIGHT SYSTEM, INC.
P.O. BOX 10048
FORT SMITH, AR 72917-0048**

**ATTACH EITHER AN ORIGINAL PAID FREIGHT BILL (INVOICE)
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, such as:

1. Original Bill of Lading or copy thereof.
2. Vendor invoice, or certified copy, when claim is based on weight or valuation or if shipment has been improperly described.
3. Catalog pages of product information.
4. Original packing slip or receiving reports.

Basis for overcharge claim or tariff authority:

CHARGES SHOULD BE:

| Weight | Rate | Extension |
|--------|------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SIGNATURE: _____ DATE: _____

OVERCHARGE AMOUNT: \$ _____