



PO BOX 25612
Richmond, VA 23230
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overcharge@estes-express.com

Form for Presentation of Overcharge Claim

Claimant: _____ Date Claim Filed: _____
Address: _____ Your Claim No. _____
_____ Email Address: _____

MUST PROVIDE TOTAL CLAIM AMOUNT

Claim Amount: _____

STATEMENT OF OVERCHARGE INCLUDING PRO NUMBER(S):

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1. Original Bill of Lading.
- 2. Original paid Freight Bill.
- 3. Original invoice: Photostat or certified copy from vendor.

ALL CLAIMS MUST BE FILED WITHIN 180 DAYS OF THE RECEIPT OF INVOICE. CARRIER HAS 30 DAYS IN WHICH TO CONCLUDE FROM DATE CLAIM IS RECEIVED.

The foregoing statement of facts is hereby certified to be correct:

Signature of Claimant
(PLEASE EITHER MAIL OR EMAIL YOUR CLAIM, BUT NOT BOTH)

MUST COMPLETE INFORMATION BELOW

Please make check payable to: _____

Please mail to: _____