

Overcharge Claim Form

Date: _____

Total Claim Amount: _____

Claimant Information

Customer Name:
Submitted By:
Address:
City/State/ZIP:
Contact Name:
Phone Number:
Reference No. (Optional):
Signature:

Claim Information

Explanation of basis for claim, reference to NMFC, tariff authority, etc.:

Required Freight Bill Information

(Attached additional sheet if necessary)

Freight Bill No.	Date	Weight	Orig. Invoice Amt.	Corrected Invoice Amt.	Overcharged Amount

- Copies of each invoice must be submitted with the claim
- Copies of the original bill of lading, delivery receipt, packing slips or any other pertinent documentation must be submitted with the claim
- If claim relates to a pricing agreement and/or tariff, copies of this documentation must be provided with the claim
- If claim is for weight or commodity description, supporting documentation must be provided with the claim

Failure to provide the required information will result in the claim being rejected back to you for additional information. Claims received beyond the 180-day statute of limitation will not be processed.

Con-way Contact Information

Mailing Address:	Con-way Freight Attn: Overcharge Claims P.O. Box 982013 North Richland Hills, TX 76182
Phone:	1-888-720-9915