



Letter of Authority for a Reconsignment

FROM FAX# _____ TO FAX# _____

PRO# _____ IS TO BE RECONSIGNED TO THE FOLLOWING LOCATION:

COMPANY NAME: _____

ADDRESS: _____

CITY-STATE, ZIP: _____

NEW SHIPMENT TO MOVE AS Priority Economy

CHARGES ON THE ORIGINAL BILL WERE _____ PPD OR _____ COL

IF PPD: _____ CHARGES WILL BE PAID ON THE ORIGINAL PRO

IF COL: CHARGES WILL BE ADVANCED TO NEW PRO IF A NEW PRO IS CUT, OTHERWISE RECONSIGNMENT CHARGES WILL BE COLLECTED ON THE ORIGINAL PRO.

WHO WILL BE RESPONSIBLE FOR THE ORIGINAL FREIGHT CHARGES?

RESPONSIBLE PARTY FOR THE RECONSIGNMENT CHARGES, STORAGE CHARGES, OR ANY OTHER ACCESSORIAL CHARGES:

COMPANY NAME: _____

ADDRESS: _____

CITY-STATE, ZIP: _____

SPECIAL INSTRUCTIONS: _____

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

COMPANY NAME: _____

TELEPHONE NUMBER: _____