

**STANDARD FORM FOR PRESENTATION OF**

**OVERCHARGE CLAIMS**

Overcharge claims must be filed within 180 days of delivery of shipment. Claims may be filed by submitting this form by fax, email, or

standard mail. Claims will be acknowledged within 30 days of receipt. Please include CT Pro Numbers in all correspondence.

**CLAIMANT INFORMATION**

**PREPARER INFORMATION**

Company Name

Contact Name

Phone

Ext

Street Address

Email

 US

CAN MEX

State/Province

City

Zip/Postal Code

**NATURE OF OVERCHARGE**

# DUPLICATE PAYMENT

OVERPAYMENT

* WEIGHT
* ACCESSORIAL
* OTHER (Specify below):
* CLASSIFICATION
* PAYMENT IN ERROR
* RATE/PRICING NOT APPLIED

Phone

Ext

Your Claim Number

Please assign a dedicated number for your reference. National Motor

Freight Classification rules and CT rules governing the filing and docu- mentation of overcharge claims are provided CT100 Series Rules Tariff.

Claim Amount

FREIGHT BILL NUMBER(S) Attach a copy of each

(1) Shipper - Attach original and correct bills of lading or original paid freight bill. Consignee - Attach certified weight ticket, corrected bill

of lading (from the shipper) or original paid freight bill. (2) Shipper or consignee - Attach original freight bill and photocopies of canceled drafts or checks.

All Class and Weight disputed claims must be supported with the shipper's bill of lading for each shipment claimed. Brochures and bills

of lading will not be accepted. All claims must be itemized per shipment/pro. The itemized amounts must balance with the total amount claimed. Please make copies of your claim documents prior to filing as the original documents will no long be returned with the claim disposition information.

***DETAILED STATEMENT OF CLAIM - Please include full tariff authority and full discount information.***

[**overchargeclaims@centraltransport.com**](mailto:overchargeclaims@centraltransport.com)

**Central Transport P.O. Box 33299, Detroit, MI 48232**

**Fax: 586-819-0313 Customer Service: (586) 467-1900**

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