

LOAD CONFIRMATION & RATE AG	REEMENT	DATE:	ORDER#
{COMPANY NAME}	MC#12345-B	Point of Contact	
,		{Insert number}	Office
	_	{Insert number}	Fax
		{Insert number}	Cell phone
CARRIER:	MC#	Driver:	Cell:
Address:		Phone:	
	<del></del>	Fax:	
Special Instructions:			
<ul> <li>Charges may apply for late pi</li> </ul>	-		
<ul> <li>It is the driver's responsibility</li> </ul>		_	insport.
Driver is required to check ca		_	
All Trailers must be clean, em			
Any deviation from dispatch			
All products SHORTAGES must	st be reported at time of PIC	KUP. Failure to report will i	esult in additional
charges.			6
<ul> <li>Re-brokering, assigning or int</li> </ul>	terlining of this shipment wil	Il void our obligation to pay	your freight.
Additional Info:			
Additional info.			
LOAD INFORMATION			
Pickup Location	Shipper		
Address:	Name:		Date:
Commodity:	Weight:		
Trailer Type:	Temperati	ure:	
Trailer Size:			
Stop Off #1	Name:		Date:
Address:			 Time:
Stop Off #2	Name		Date:
	Name:		- Date
Address:			Time:
	<u>,                                    </u>		
Pata Agrand:			
Rate Agreed:			
Tarp:			



Extra Stop:	
Total:	
TOTAL CHARGES INCLUDE FUEL SURCHARGES	
•	within <b>30 days</b> from the date we receive your invoice. All invoices must nd ORDER # and be sent to the address above.
<b>name</b> }. It is agreed that the charges indica described. A minimum of \$100,000.00 cars	correct and accepts the referenced shipment on behalf of <b>{Company</b> red above include all costs and fees in connection with the shipment as so insurance is required unless otherwise noted. Invoicing by the stitutes acceptance of this agreement and by signing, this creates a
THIS AGREEMENT MUST BE SIGNED AND	FAXED BACK TO US AT: Fax# 1-{Insert number}
ACCEPTED BY:	
XYZ Transport Inc.	CARRIER:(Signature)
	(Signature) NAME:
	TITLE:
To be paid: <b>(SELECT)</b>	
30 Days	
Quick Pay (5%)	