



1-800-AVERITT
www.averittpress.com

LETTER OF RECONSIGNMENT

Note: All sections must be filled out or reconsignment cannot be processed.

Please fill out completely and fax to **931-520-2779**.

A. Pro (tracking) #: _____

B. Reconsign freight to (if this is a dock pickup, proceed to Section C):

Name: _____

Address: _____

City, state, zip: _____

C. Is this a dock pickup? _____ No _____ Yes, release freight to: _____

Note: No reconsignment fee for dock pickups.

Additional freight charges may apply if requesting to pick up freight at a different service center.

D. If delivery appointment is required, please provide the following information:

Contact name: _____ Phone #: _____

E. Bill original freight charges to:

Name: _____

Account # or address: _____

City, st, zip: _____

F. Bill additional freight charges and reconsignment fee to:

Name: _____

Account # or address: _____

City, st, zip: _____

Note: If sections E and F are left blank, all charges will be billed to original payor.

G. Charges requested prior to completion? _____ No _____ Yes

Signature

Print Name

Company name

Date

Phone number

Fax number