



1-800-AVERITT

www.averittexpress.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) #: \_\_\_\_\_ BOL #: \_\_\_\_\_  
PO#: \_\_\_\_\_

**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 #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, st, zip: \_\_\_\_\_

**F.** Bill additional freight charges and reconsignment fee to: \_\_\_\_\_ Reco fee: \_\_\_\_\_  
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 \_\_\_\_\_

**Authorized by:**

\_\_\_\_\_, Reconsignment Specialist

**Phone:** \_\_\_\_\_ • **Fax:** 931-520-2779 • [reconsignment@averittexpress.com](mailto:reconsignment@averittexpress.com)