

**CARRIER RATE CONFIRMATION SHEET**

**307 E. Street Thomaston, GA 30286. Office & Fax # 770-648-0502**

DATE: \_ \_\_\_\_\_\_\_\_\_\_\_ DRIVER NAME & PHONE#: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following **“RATE”** is valid for this specific load between **“BROKER”** and with the Company of **“CARRIER”** which agrees to haul this load according to the following directions. Please see bottom of page for info on fees.

PICK UP #\_\_ DATE/TIME \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY # \_\_\_\_\_ DATE/ TIME \_

SHIPPER RECEIVER

NAME: NAME: \_\_\_\_\_

ADDRESS: \_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_ CITY:

STATE: \_\_ ZIP: STATE: ZIP:

CONTACT CONTACT:

PHONE: \_\_\_\_ PHONE: \_\_ \_\_\_\_\_

WEIGHT:

EXTRA STOP #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS:

LINE HAUL RATE: MILES: X RPM: PAYMENT: \_

ADDITIONAL FEES: = 0

UNLOADING: 0

 TOTAL DUE TO CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACTORING COMPANY INFO:

\*\* Payment will not be processed without a signed Broker Rate Sheet and an original Bill of Landing (Note: any shortages and/or damages will result in delay of your payment until the claim(s) have been settled in a satisfactory manner with broker. Please mail to 307 E. Street Thomaston, GA 30286 OR Email to (cottledispatchlogistics@gmail.com) By signing this document, you agree to the following: A $250 fee will be added if load is picked up or delivered late, unless an act of GOD occurs which will be fairly determined at that time. \*\*ORIGINAL BILL OF LADING MUST BE RECEIVED WITHIN 7 BUSINESS DAYS.

 AUTHORIZED CARRIER SIGNATURE DATE

 CARRIER NAME MC# PICK UP #