
Rate Confirmation

Carrier:

Load #

Phone #

BOL:

FAX#

Ref. #:

Miles:

Pieces:

Weight:

Pallets:

Commodity:

Shipper Address:

Consignee Address:

Load Date/Time: _____ am pm
To: _____ am pm

Load Date/Time: _____ am pm
To: _____ am pm

Extra pick ups or stops: Total Number:

Type	Name/PO#	Address	Phone	Date Range
Stop/				
Pick	_____	_____	_____	_____
Stop/				
Pick	_____	_____	_____	_____
Stop/				
Pick	_____	_____	_____	_____

Carrier Pay:

Line Haul Rate: _____

Pallet Charges: _____ Stop Charges: _____ Loading/Unloading: _____

Other: _____ (description) _____ LHP initials required _____

Broker: _____

Other Terms:

Name/ Print: _____ Signature: _____

Title: _____ Phone Number: _____