

LOAD CONFIRMATION & RATE AGREEMENT		DATE: / /	ORDER #
BROKER NAME	MC#1033718	Point of Contact	David Robertson
Street Address	P. O. Box 113	Phone	931-337-0340
City, State, ZIP	Crossville, TN. 38557	Fax	931-337-0106
		Emergency Cell	931-644-2238
CARRIER NAME	MC#	Point of Contact	Contact name
Street Address		Phone	
City, State, ZIP		Fax	
		Emergency Cell	

Special Instructions:

- Charges may apply for late pick-ups and deliveries.
- It is the driver's responsibility to ensure that the load is safe, secure and legal for transport.
- Driver is required to check call daily by **10:00AM**.

LOAD INFORMATION

Pickup Location	Shipper Name	Date	Contact name
Contact name	Address	Commodity	<i>List Commodities Here</i>
Phone: 800-000-0000	City, State, ZIP	Weight	<i>List Weight Here</i>
		Trailer Type	<i>List Trailer Type Here</i>
Stop Off #1	Name	Date	Contact name
800-800-8000	Location		
Stop Off #2	Name	Date	Contact name
800-800-0000	Location		
		Carrier Pay	\$0,000
		Tarp	\$000
		Fuel Surcharge	\$000
		Extra Stop	\$00
		Misc.	0
		TOTAL	\$0,000

Invoicing Instructions: Settlements paid within **21 days** (from the date we receive your invoice.) **For Quick Pay see Setup Packet.** All invoices must include SIGNED DELIVERY RECEIPT and ORDER# and be sent to the address above. The undersigned hereby acknowledges as correct and accepts the referenced shipment on behalf of broker. It is agreed that the charges indicated above include all costs and fees in connection with the shipment as described. A minimum of \$100,000.00 cargo insurance is required unless otherwise noted. Invoicing by the CARRIER and payment by the BROKER, constitutes acceptance of this agreement and by signing, this creates a contract carriage shipment. **THIS AGREEMENT MUST BE SIGNED AND FAXED BACK TO US AT: Fax# 931-337-0106**

BROKER: _____

CARRIER: _____

Driver Name: _____

Driver Cell#: _____

