|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Rate Confirmation Agreement** | | | | | | |
|  | | TO:  CARRIER:  PHONE:  FAX:  INVOICE # | | | FROM:  PHONE:  FAX:  SEND INVOICES TO: | | |
|  | | | | | | | | |
|  |  | |  | |  |  | |  |
|  | Shipper | |  | |  | Consignee | |  |
|  |  | |  | |  |  | |  |
|  | Shipping Hours: | |  | |  | Receiving Hours: | |  |
|  | Date: | |  | |  | Date: | |  |
|  |  | |  | |  |  | |  |
|  | Phone # | |  | |  | Phone # | |  |
|  |  | | | | | | |  |
|  | Comments/Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  |  | |  | |  |  | |  |
|  |  | |  | |  |  | |  |
|  | Total Miles: | |  | |  |  | |  |
|  | Weight: | |  | |  |  | |  |
|  | Commodity: | |  | |  |  | |  |
|  | Trailer Required: | |  | |  |  | |  |
|  |  | |  | |  |  | |  |
|  |  | |  | |  |  | |  |
|  | Carrier is providing service as a Contract Carrier pursuant to a contract with “**Your Brokerage**”, Incorporated it is agreed and understood that the contract is hereby amended to include this rate for the Carrier’s services of this load. Carrier agrees that neither the carrier nor anyone subsequently acting on the carrier’s behalf will attempt to collect any amount of money in excess of the rate set forth below for the transportation described in the rate confirmation agreement. | | | | | | |  |
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|  | **Agreed Rate: $** | |  | |  |  | |  |

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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
|  |  |
|  | Your Brokerage | Carrier |  |
|  | Please sign and fax back to: (000)000-0000 | |