



# Letter of Authority for a Reconsignment

FROM FAX# \_\_\_\_\_

TO FAX# \_\_\_\_\_

PRO# \_\_\_\_\_

IS TO BE RECONSIGNED TO THE FOLLOWING LOCATION:

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

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

CITY-STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

NEW SHIPMENT TO MOVE AS  Priority  Economy

CHARGES ON THE ORIGINAL BILL WERE \_\_\_\_\_ PPD OR \_\_\_\_\_ COL

IF PPD: CHARGES WILL BE PAID ON THE ORIGINAL PRO

IF COL: CHARGES WILL BE ADVANCED TO NEW PRO IF A NEW PRO IS CUT, OTHERWISE RECONSIGNMENT CHARGES WILL BE COLLECTED ON THE ORIGINAL PRO.

WHO WILL BE RESPONSIBLE FOR THE ORIGINAL FREIGHT CHARGES?

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

RESPONSIBLE PARTY FOR THE RECONSIGNMENT CHARGES, STORAGE CHARGES, OR ANY OTHER ACCESSORIAL CHARGES:

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

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

CITY-STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_