

CONFIRMATION OF SHIPPER/BROKER RATE AGREEMENT

Date://	_		Rate Agreer	ment No
Broker Name:		ICC/MC No		
Telephone No. ()FAX N	No. ()	Ema	il
Shipper Name:				
Address		(City:	Zip
Telephone No. ()FAX	No. ()	Ema	il
C	AGREEMENT NO. ONFIRMATION Of	F VERBAL A	AGREEMENT	
i ursuum to our vero	al agreement of/		(Name)	, (Broker)
Hereinafter referred	to as Broker and(Name		of	
referred to as Carrie	(Name r.	·)	(Carrier ₎) Hereinafter
Both parties agree th	at Broker reference N	o	, moving on	
From	_To	, number o	of Intermed	iate Stops shown
below, will move on	the following rate:			

COMMODITY	WEIGHT	DROPS	RATE		
	SPECIAL INST				
Equipment Required:_					
Pickup Address:		Date	Date of Pickup:		
Delivery Address:		Del	Delivery Date:		
DROP OFF ADDRESS					
	BILLING INFO	ORMATION			
Billing Address:	City	State	eZip		
	oker Contract, payment has been received by S		` /		
SHIPPER:	Date:	BROKER:	Date:		
Signed By:	Title:	_ Signed By:	Date:		