



## OVERCHARGE CLAIM FORM

**MAIL TO:**

AAA COOPER TRANSPORTATION  
P.O. BOX 6827  
DOTHAN, AL 36302  
ATTN: OVERCHARGE CLAIMS

**DATE SUBMITTED:** \_\_\_\_\_

**CLAIMANT REFERENCE NUMBER:** \_\_\_\_\_

**TOTAL CLAIM AMOUNT:** \_\_\_\_\_

**EMAIL:** [Overchargeclaims@aaacooper.com](mailto:Overchargeclaims@aaacooper.com)

**FREIGHT BILL NUMBER & DATE:** \_\_\_\_\_

(Unable to process without this information)

\*If multiple freight bills and amounts, please attach

**CLAIMANT INFORMATION:**

**COMPANY NAME:** \_\_\_\_\_  
(Check payable to)

**MAILING ADDRESS:** \_\_\_\_\_

**CITY / STATE / ZIP:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_  
(If different than contact name)

**TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**REASON FOR OVERCHARGE:**

\*Please email this completed form and all supporting documentation to [Overchargeclaims@aaacooper.com](mailto:Overchargeclaims@aaacooper.com)