



OVERCHARGE CLAIM FORM

MAIL TO:

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

DATE SUBMITTED: _____

CLAIMANT REFERENCE NUMBER: _____

TOTAL CLAIM AMOUNT: _____

EMAIL: 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