RATE CONFIRMATION

Order ID: _____
Please reference the Order ID on your invoice

Shipper		Consignee	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Pickup # / Misc:			
Pickup Date/Time:		Delivery Appointment:	

If you are interested in our "Quick Pay" program please call 412-490-7777 Option 1 for more information or check a box and sign below:

4% Same Day ☐

3% Next Day ☐

Signature: _____

Stop/Pickup City/ State

_____

_____

_____

_____

Additional Information:

_____

_____

_____

_____

Commodity: _____

Approx.Weight: _____

Rate To Carrier: _____

Accessorials:

Description	*Carrier Pay*
_____	_____
_____	_____
_____	_____

Charges may be assessed to carrier for late pickup or delivery! Carrier must still adhere to all Hours of Service regulations.

Carrier send invoice to: **Aetna Freight Lines**
100 Industry Drive
Pittsburgh, PA 15275

ORIGINAL PAPERWORK MUST ACCOMPANY INVOICE!

TARP REQUIRED ☐ YES ☐ NO

EQUIPMENT _____

Driver : _____

Carrier: _____

Carrier Phone: _____

Carrier Fax: _____

Carrier/Clearance # _____

or MC # _____

Aetna Freight Lines Dispatch Terminal Information:

Terminal Phone # _____

Terminal Fax # _____

Terminal Contact _____

ABSOLUTELY NO DOUBLE-BROKERING
It is agreed that any re-brokering of this load will result in non-payment to carrier, in addition to any other penalties applicable by contract or by law.

CARRIER SIGN AND RETURN TO ABOVE FAX NUMBER

Authorized Carrier Signature :

_____