

RATE CONFIRMATION

Order ID: Please reference the Order ID on your invoice

	n our "Quick Pay" program please call	Consignee Name: Address: City/State/Zip: Delivery Appointment: Stop/Pickup City/ State
412.788.8878 Option and sign below: 4% Same Day 3% Next Day Signature: Additional Informat	1 for more information or check a box	
Commodity: Approx.Weight: Rate To Carrier:		TARP REQUIRED YES NO EQUIPMENT Driver:
Accessorials: Description	Carrier Pay	Carrier: Carrier Phone: Carrier Fax: Carrier/Clearance # or MC # American Transport Dispatching Terminal Information:
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: American Transport, Inc. 100 Industry Drive Pittsburgh, PA 15275 ORIGINAL PAPERWORK MUST ACCOMPANY INVOICE!		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: