

Old Dominion Freight Line, Inc.
Letter of Authority for a Reconsignment

Today's Date _____

Pro number of shipment to be reconsigned _____

I _____ as a duly Authorized
(Printed Name)
representative of _____
(Printed Company Name)

(Mailing Address)

(City) (State) (Zip)

(Phone) (E-Mail Address)

Request the above pro number to be reconsigned per the following information. I understand **all charges*** will be the sole responsibility of the above named Company and will be billed to said Company. Per ODFL 100 Rules, Item 594, ODFL's maximum liability will be limited to the value of the cargo.

Signature _____ Title _____

*May include, but are not limited to Original pro charges, relabeling, storage, sorting, etc.

New Consignee's name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact Name _____

Return Authorization number _____ (If required)

Authorization Required? Yes No

Fax completed form to the Old Dominion Terminal listed below.

RG A NO. _____ P. O. _____

For **CANADIAN RECONSIGNMENTS**, completed form **MUST** be sent to: osd@manitoulintransport.com ,
TORCustomerServiceMailbox@odfl.com and rateaudit@manitoulintransport.com

Old Dominion Use Only

(Terminal Fax Number) (Terminal Phone Number)

Attn: O S & D

Terminal Alpha Code _____