

Old Dominion Freight Line

Standard Form for Presentation of Overcharge Claim

Claimant's Name: _____ Date: _____

Claimant's Address: _____

City: _____ State: _____ Zip: _____

Claimant Phone/Fax#: _____

Reference/Claim#: _____ Claim Amt: _____

Nature of Overcharge: _____

Tariff Authority: _____

Discount Item Number: _____

Detailed Statement of Claim Including Pro Numbers:

E-mail: Overchargeclaims@odfl.com

Mail: Old dominion Freight Line, Inc.

500 Old Dominion Road

Thomasville, NC 27360

Attn: Overcharge Claims