

Addendum Completed: ☐ Prior to Loading ☐ At Time of Loading ☐ En Route ☐ At Time of Delivery

ORIGIN

Shipper _____

Loading Address _____

City _____ State _____ Zip _____

County _____ Phone _____

DESTINATION

Consignee _____

Delivery Address _____

City _____ State _____ Zip _____

County _____ Phone _____

ITEM	CURRENT	CHANGE
Packing Date		
Amount of Packing or Unpacking		
Agreed Loading Date or Period		
Agreed Delivery Date or Period		
Origin Storage-in-Transit		
Destination Storage-In-Transit		
Delivery Address and Telephone		
Estimated Weight		
Additional Services Requested		
Maximum Charges		
Insurance		
Valuation		
Third Party Charges		
Other		

Reason for Change:

A new addendum must be completed each time the shipper or shipper's representative requests or approves changes to services previously ordered. DO NOT AMEND an addendum after it has been signed by the shipper.

The above changes have been requested and approved by the shipper or the shipper's representative as acknowledged below.

Shipper acknowledges receipt and approval of this addendum, which amends the contract between the shipper and the carrier.

Shipper or Shipper's Representative _____ Date _____

Shipper's Signature
obtained by _____ Date _____

Issuing Carrier _____

Addendum completed by _____

Name of Person Contacted _____ Date _____

Method of Contact: ☐ Telephone ☐ Fax ☐ In Person Time am
pm