

1/01/08

To Shipper/Consignee,

Welcome to Amory Transportation LLC! We are excited at the opportunity to meet all of your refrigerated and frozen transportation needs.

This information packet includes the following material:

- Shipping & Billing Policies
- Blank Scheduling Ticket
- Sample Scheduling Ticket
- Damages/Shortages Form
- Billing Adjustment Form

In order for us to get your freight where it needs to be when it needs to be there we ask that you use the Scheduling Ticket to notify us of what you're shipping as soon as you can. If your order changes after you fax the Scheduling Ticket, please notify us as soon as the product leaves your facility so that we can correct the information in our system, otherwise the truck may not get loaded properly and someone is going to be billed incorrectly. A completed sample of the form has been included for your reference.

There is also an Excel version of this form that you can complete on your computer and fax or email to us. It is available on our website at www.amorytrans.com/customers.

Damages or shortages must be reported to the office within 24 hours of receipt of product using the enclosed Damages/Shortages Form.

A billing adjustment form must accompany payments that include any adjustments to our original invoice.

Thank you again for choosing Amory Transportation. Your satisfaction is our priority so feel free to contact us at the numbers given with any questions or concerns that you may have.

Sincerely,

C. Meade Amory
President

Scheduling Ticket



Shipper: **Tom's Fish House** Contact: **Tommy XXX-XXX-XXXX**
name and number (including after hours info)

P.O. Box 1707 • Hampton, VA 23669-1707

Ship Date: **1/1/2008**

Picked up/Delivered by: **Amory**

Consignee Name*	Fish*	Clams	Shell Oysters	Scallops & Shucked Oysters	Crabs	Total pkgs	Prepaid**	Collect**
Jim's Seafood	1/50#	1 X 2 X 250 X LN	6 X 120 count	1 X 6 gal	1 cs soft shell	10		
		1 X 250 TN		1 X 96 X 8oz	1 bushel crab	3		X
Sam's Boat House	2/176#		2 X 80 count	1 X 4 gal		5		X
Little Fish Shack	1 vat 921#	10 X 250 CH	1 cs IQF on 1/2 shell		6 cs froz soft crab	18	X	

*Be sure to supply complete Consignee Name & contact information if new stop; we will not ship without complete billing info
 *ctns/lbs
 **make sure you indicate who is paying: Shipper = Prepaid; Consignee = Collect

Scheduling Ticket



P.O. Box 1707 • Hampton, VA 23669-1707

Shipper: _____

Ship Date: _____

Picked up/Delivered by: _____

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*Be sure to supply complete Consignee Name

*ctns/lbs

**make sure you indicate who is paying: Shipper = Prepaid; Consignee = Collect



AMORY TRANSPORTATION LLC

the refrigerated specialists

P.O. Box 1707 • Hampton, VA 23669-1707 • Phone (757) 951-0322 • Fax (757) 951-0323

Billing Adjustment Form

*Required Fields

Date*: _____

Account Number*: _____

Invoice Number*: _____

Company Name: _____

Address: _____

Telephone*: _____

Contact*: _____

Adjustment Amount*: \$ _____

Reason for Adjustment*: Damaged Short Weight Other

Explanation (include any paperwork to support your claim)*: _____

For processing please fax to: 757-951-0323

Contact Tommy or Donna for billing questions: 757-951-0322



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Damages/Shortages Form

Damages and shortages must be reported to the office with 24 hours of receipt of product

Fax to: 757-951-0323

*Required Fields

Ship Date*: _____
Printed date on Proof of Delivery

Account Number*: _____
4 digit # to left of consignee on Proof of Delivery

Delivery Date*: _____

Invoice Number*: _____
4 digit # to left of shipper name on Proof of Delivery

Company Name: _____

Address: _____

Telephone*: _____

Contact*: _____

Adjustment Amount*: \$ _____

Damaged

Short

Other

Explanation (attach any paperwork or information to support your claim)*: _____

Contact Tommy or Donna with questions: 757-951-0322