**DAY & ROSS**

# RECONSIGNMENT/DIVERSION          PRO #_____

Date: _____          CSR Name/Terminal: _____

**Shipper:** _____          **Consignee:** _____

Address: _____          Address: _____

City/State/Zip: _____          City/State/Zip: _____

#Of PCS: _____          Weight: _____ *(to be reconsigned)*

**Reconsign To:** _____          **Bill To:** _____

Address: _____          Address: _____

City/State/Zip: _____          City/State/Zip: _____

**Reconsignment** ☐                                 **Diversion** ☐
Delivery has attempted **OR** the delivering terminal has changed.          Delivery has **NOT** been attempted **AND** delivering terminal stays the same.

Reason for Reconsignment/Diversion:_____

I understand _____ *(company name),*
_____ *(company address),*
will be responsible for the additional charges that will be incurred for redirecting this shipment from the original bill of lading instructions to the corrected address above. In redirecting this shipment, I also understand that the original freight charges will be paid by: _____ *(company name),*
_____ *(company address),*

_____ / _____          Quote # / Amt: _____
        Signature                    Company Name
_____ / _____          Quote # / Amt: _____
        Print Name                      Date
*Return to: [E-mail / Fax #]* _____

* All terms and conditions of the original Bill of Lading are subject to these additional services.