



Letter of Authority for a Reconsignment

DATE

MM / DD / YYYY

PRO NUMBER OF SHIPMENT TO BE RECONSIGNED

I _____ as duly Authorized representative
(PRINTED NAME)

of _____
(PRINTED COMPANY NAME)

(ADDRESS)

(CITY)

(PROVINCE / STATE)

(POSTAL / ZIP CODE)

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.

SIGNATURE _____ TITLE _____

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

NEW CONSIGNEE INFORMATION

NAME

ADDRESS

CITY _____ PROVINCE / STATE _____ POSTAL / ZIP CODE _____

RETURN AUTHORIZATION NUMBER _____ (if required)

PCX USE ONLY

CONTACT PERSON _____

EMAIL ADDRESS _____

TERMINAL PHONE NUMBER _____

TERMINAL FAX NUMBER _____