



**SOUTH BAY
AUTHORIZATION FOR ADDITIONAL CHARGES**

**Customer Services (800) 858-9889
www.sbfs.com**

CUSTOMER INFORMATION	
COMPANY NAME	DATE
CONTACT NAME	PHONE
CONSIGNEE:	FAX:
FREIGHT BILL #	PRO #

DESCRIPTION	ADDITIONAL CHARGES
<input type="checkbox"/> RETURN FREIGHT FEE	
<input type="checkbox"/> RESIDENTIAL DELIVERY	
<input type="checkbox"/> INSIDE DELIVERY	
<input type="checkbox"/> LIFTGATE	
<input type="checkbox"/> NOTIFICATION	
<input type="checkbox"/> SORT & SEGREGATE	
<input type="checkbox"/> WAITING TIME	
<input type="checkbox"/> REDELIVERY	
<input type="checkbox"/> RE-ROUTE	
<input type="checkbox"/> STORAGE	
<input type="checkbox"/> OTHER	
TOTAL DUE	

NOTES/COMMENT:

I, _____ give my authorization to add the above additional charges to South Bay freight bill # _____.

Signature: _____ Date: _____

If you have any question please contact: _____ at _____.

PLEASE FAX SIGN COPY TO _____.

PLEASE RESPOND ASAP OTHERWISE THE SHIPMENT WILL BE DELAY.