



Time Critical Guaranteed Select Account Agreement - Custom Pricing

Select Account Information:

Shipping Address: _____

Company Name: _____ Shipping City: _____ State: _____ Zip Code: _____

_____ Billing Address: _____

Account Number(s): _____ Billing City: _____ State: _____ Zip Code: _____

_____ Guaranteed Billing Address: _____

_____ Guaranteed Billing City: _____ State: _____ Zip Code: _____

Primary Contact Information:

Name: _____

Phone Number: _____

Email: _____

Fax Number: _____

Special Instructions/Requirements:

Guaranteed Shipping Procedures

Notes:

Shipment Information:

Class codes used: _____

Commodity description: _____

The above remedies are exclusive remedies for any claims specifically noted as "Guaranteed" Money Back. In no event shall the carrier, Estes Express Lines, be liable for any consequential, incidental, special or economic loss or damages resulting from its failure to meet the scheduled delivery dates, including, but not limited to loss of income or profits regardless of whether or not the Carrier knew or should have known that such damages might have been incurred.

I understand and agree to the guaranteed policy and pricing procedures as stated above. Please scan the completed agreement and return it by email to tcpricing@estes-express.com.

Signature of Shipper

Date

Signature of Estes Account Manager

Terminal

Date

Signature of Estes Terminal Manager

Terminal

Date