



**Communication
Rates
Service**

AFS Trans Co.
Vendor Cost Recovery Fee Credit Form

Date:

Vendor Name:

Vendor Contact Information:

Details of the Credit Request:

- Job ID:
- Pickup Address:
- Delivery Address:
- Invoice Number:
- Invoice Date:
- Vendor Cost Recovery Fee Amount:

Reason for Credit Request:

Please submit forms to admin@afstransco.com and we will review and process the credit accordingly. If you require any further information or clarification, do not hesitate to contact us.

*Attach supporting documents, including copies of the relevant invoice(s) highlighting the Vendor Cost Recovery Fee charged, POD, as well as any additional documents.