

ORDER FOR SERVICE

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

SHIPPER _____	CONSIGNEE TO _____
ADDRESS _____	ADDRESS _____
FLOOR _____ ELEV. _____ TEL: _____	FLOOR _____ ELEV. _____ TEL: _____
CITY _____ STATE _____	CITY _____ STATE _____
CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY) _____	
ADDRESS _____	
NAME _____ CITY _____ STATE _____ PHONE _____	

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN					
PACKING DATE REQUESTED <small>(if applicable)</small>	AGREED PICKUP DATE or period of time <small>(if applicable)</small>	GUARANTEED PICKUP DATE <small>(if applicable)</small>	AGREED DELIVERY DATE or period of time <small>(if applicable)</small>	GUARANTEED DELIVERY DATE <small>(if applicable)</small> Daily Allowance	GUARANTEED SERVICE DATES <small>(if applicable)</small>

SHIPPER'S CONTACT EN ROUTE	SERVICES (AS APPLICABLE)	CHARGES
NAME _____	Transportation FROM _____ TO _____	
ADDRESS _____	Origin/Destination Fee	
CITY _____ STATE _____ PHONE _____	Fuel Surcharge	

SHIPPER'S CONTACT AT DESTINATION	SERVICES (AS APPLICABLE)	CHARGES
NAME _____	Containers, Packing & Unpacking	
ADDRESS _____	Storage-In-Transit at Location _____	
CITY _____ STATE _____ PHONE _____	Date In _____ Date Out _____	

SHIPPER DOES NOT <input type="checkbox"/> DOES <input type="checkbox"/> REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT: NAME _____	SIT Pickup and Delivery	
ADDRESS _____	Extra Pickups or Deliveries No. _____ at _____	
CITY _____ STATE _____ PHONE _____	Extra Labor, Special Services or Waiting Time	

Shipment subject to a minimum of \$

BINDING ESTIMATE CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	SERVICES (AS APPLICABLE)	CHARGES
Transportation _____ Dest. Services _____	Bulky Articles	
Origin Service _____ Storage _____	Additional Weight Additives	
Total Charges _____	Advanced Charges	
Total Charges above cover only the articles and services indicated on the estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for _____ days from date of signing.	Shuttle Service	
Non-Binding Estimated Charges _____	Self-Storage/Mini-Warehouse Pickups or Deliveries	
110% Collection Option (COD) _____	Overtime Pickups or Deliveries	
BALANCE WILL BE BILLED 30 DAYS AFTER DELIVERY	Other Additional Services	

Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check

Payable To _____

BILLING INFORMATION	Type of Shipment <input type="checkbox"/> Chg. <input type="checkbox"/> P.P.D. <input type="checkbox"/> C.O.D.
NAME _____	
ADDRESS _____	
CITY _____ STATE _____	
ATTENTION OF: _____	

THE SHIPPER (OR HIS REPRESENTATIVE) BY HIS SIGNATURE HEREBY ORDERS THE SERVICES OUTLINED HEREIN TO BE PERFORMED ON HIS BEHALF; AND FURTHER ACKNOWLEDGES THAT ALL ARRANGEMENTS REGARDING CONTACT WHILE EN ROUTE AND/OR AT DESTINATION, METHOD OF PAYMENT, AND NOTIFICATION OF CHARGES ARE AS DESIGNATED BY HIM.

ADDITIONAL INFORMATION:

DATE _____ **X** SHIPPER'S REPRESENTATIVE _____

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFIED.

DATE _____ **X** CARRIER'S REPRESENTATIVE _____