ACCESSORIAL SERVICES

CONTRACT NUMBER

SHIPPER (Customer) _____ DATE OF PACKING _____

B/L #_____

TARIFF_____ SECTION _____ PACKING SCHEDULE _____ UNPACKING SCHEDULE _____

	CONTAINER CHARGES			PACKING SERVICE CHARGES		
DESCRIPTION	QTY.	RATE (each)	CHARGES	QTY.	RATE (each)	CHARGES
BARREL OR DISH PACKS						
CARTON - LESS THAN 3 CU. FT.						
CARTON - 3 CU. FT.						
CARTON - 4 1/2 CU. FT.						
CARTON - 6 CU. FT.						
CARTON - 6 1/2 CU. FT.						
WARDROBE - NOT LESS THAN 6 CU. FT.						
MATTRESS CARTON (CRIB)						
MATTRESS CARTON (39" X 75)						
MATTRESS CARTON (54" X 75")						
MATTRESS CARTON (OVER 54" X 75")						
MATTRESS COVER						
CORRUGATED MIRROR CONTAINER						
CRATES/CONTAINERS MINIMUM SIZE (MIRROR)						
CRATES/CONTAINERS OVER MIN. SIZE (MIRRORS)						
TOTAL: CONTAINER CHARGES:				PACKING CHARGES:		
				TOTAL: OF PACKING SERVICE CHARGES:		

CUSTOMER: PLEASE READ BEFORE SIGNING:
Customer acknowledges that packing containers and materials were purchased and packing service was ordered and performed as described above. Customer exceptions MUST be noted and explained in the "CUSTOMER REMARKS" area, lower right corner of this document.

Customer Signature X_____ Date _____

UNPACKING SERVICE CHARGES			
DESCRIPTIOn	QTY.	RATE (each)	CHARGES
BARREL OR DISH PACKS			
CARTON - LESS THAN 3 CU. FT.			
CARTON - 3 CU. FT.			
CARTON - 4 1/2 CU. FT.			
CARTON - 6 CU. FT.			
CARTON - 6 1/2 CU. FT.			
WARDROBE - NOT LESS THAN 6 CU. FT.			
MATTRESS CARTON (CRIB)			
MATTRESS CARTON (39" X 75)			
MATTRESS CARTON (54" X 75")			
MATTRESS CARTON (OVER 54" X 75")			
MATTRESS COVER			
CORRUGATED MIRROR CONTAINER			
CRATES/CONTAINERS MINIMUM SIZE (MIRROR)			
CRATES/CONTAINERS OVER MIN. SIZE (MIRRORS)			
TOTAL: UNPACKING CHARGES:			

CUSTOMER: PLEASE READ BEFORE SIGNING:
Customer acknowledges that unpacking service was ordered and performed as described above. Customer exceptions MUST be explained in the "CUSTOMER REMARKS" area.

Customer Signature X _____ Date _____

ADDITIONAL SERVICES AUTHORIZED BY THE CUSTOMER

1.- Storage at Destination
(Not shown on Bill of Lading)
2.- Expedited Service Ordered by Shipper
Deliver on or Before_____
3.- Exclusive Use _____Cubic Feet
4.- Space Reservation _____Cubic Feet
5.- Loading Space _____Lineal Feet
6.- Waiting Time (shown dates and time)
Time Arrived _____
Time Loading Began_____
Time Unloading Began_____
7.- Extra Pickup or Delivery
8.- Labor Charges
9.- Reweigh
10.- Piano carry
11.- Hoisting
12.- Overtime Load / Unload
13.- Aux. Service

Explain Items 6, 8, 12 and 13 above MUST show reason for service, men, equipment and hours provided.

_____

_____

Customer Signature X_____ Date _____

Customer acknowledges services were ordered and performed as checked above. Customer exception MUST be explained in "CUSTOMER REMARKS" area.

PACKING CONTAINER AND MATERIAL REMOVAL: Note to Customer

Consignee should understand that packing containers and materials are his property. The unpacking service includes removal of packing containers and materials unless the customer directs otherwise.

☐ Customer requests that packing containers and materials are not to be removed.

☐ UNPACKING SERVICE NOT REQUESTED.

Customer Signature_____ Date_____

BILLABLE LABOR CHARGES: (Specify all Services Provided)

Tariff Rates Only:_____Men_____ Hrs. @ $ _____=_____

CUSTOMER REMARKS:_____

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