



REDMAN VAN & STORAGE Co.

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581
E-16 Freeport Center, Clearfield, Utah (801) 776-2645

285183

285183

TIME STARTED

TIME

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
08-14-14	8-12 AT		CHRG		MARGENE	08-06-14		1
INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER
REG								
								EST. WEIGHT
								157

REDMAN VAN & STG MAIN OFFICE

SHIP FROM

2571 W. 2590 SOUTH

SALT LAKE CITY, 84119

SHIP TO

JARED KOBS
233 CRESCENT VIEW LANE (#190)
Town Home

TOOELE, UTAH 84074

ATTN:

972-4420

JARED

801-888-6094

STORAGE LOT #

ALL OUT

TYPE

EQUIPMENT NO.
EITHER

NUMBER OF PERSONNEL
2

NVC
1561073

BILL TO

SPECIAL INSTRUCTIONS:

NVC THRESHOLD DELIVERY
DELIVER TO FIRST FLOOR ENTRYWAY
DO NOT UNPACK
DRIVER FILL OUT ALL AREAS ON POD
MARKED IN BLUE -- HAVE CUSTOMER
SIGN AND DATE AREA MARKED IN YELLOW

EST.	PACK	NO. DEL	NEW USED	NAME	IN	TIME OUT
	DRUM					
	1.5					
	3.0					
	4.5					
	6.0					
	MIRROR					
	W. ROBE					
	TAPE					
	SNGL.					
	DBL.					
	KING QUEEN					

TOTAL PACKING

★ ★ IMPORTANT LIABILITY INFORMATION ★ ★

THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE OR ITS CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER ARTICLE. A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FOR ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLARE HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.

SHIPMENT IS RELEASED AT 60¢ PER POUND ☒

CUSTOMER SIG.

DECLARED VALUE IS GREATER THAN 60¢ PER POUND.

CUSTOMER REQUESTS:

DEPRECIATED VALUE PROTECTION FOR \$

REPLACEMENT COST PROTECTION FOR \$

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

NOTE:

ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.

CUSTOMER SIGNATURE

PRINT NAME

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

TIME ARRIVED	CUST. INITIAL
8:12 P.M.	
TIME DEPART	CUST. INITIAL
8:12 P.M.	

NON PRODUCTIVE TIME (DRIVER MUST EXPLAIN)

COMPUTATION OF CHARGES	NO. OF MEN	REG. HRS.	O.T. HOURS	REG. RATE PER HOUR	O.T. RATE PER HOUR	Totals
MAN & VAN						
EXTRA MEN						
PACKING COSTS						
ADDITIONAL PROTECTION CHARGES						
STORAGE CHARGES (PER)						
OTHER (PLEASE EXPLAIN)						
TOTAL COST						

TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CREDIT ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CREDIT TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 1 1/2% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.



Questions? Please call
(800) 526-0207 or visit
www.mynvc.com

POD
TD

NVC Pro #
1561073

File # **1561073**

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SHIPPER		ACCOUNT INFORMATION		CONSIGNEE	
ICON HEALTH AND FITNESS - BEAUMONT, CA		UPS - ICON		JARED KOBS	
LTL Carrier: 435234 41855000000		Shipper B/L #: 115420595		233 CRESCENT VIEW LN APT	
LTL Pro #: 354029421 41862000000		Order #: 803816		TOOELE, UT 84074	
DP: 226542 41855130409		PO #: 1077261033		801-888-6094	
RA #: 354029421					
Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON FITNESS	PFTL39511		FITNESS EQUIPMENT	157
Total					157

Description of Services Performed: **Threshold Delivery**

☒ Inside Delivery ☐ Room of Choice ☐ Unpack / Debris Removal / Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR

Special Instructions: Deliver inside any first floor entryway of consignee's residence

Delivery Details: Start Time _____ End Time _____ # of Men _____ Stair Carry: # of Flights: N/A Room: _____

Check One: ☐ Delivery Completed ☐ Delivery Refused

text@nvclogistics.com red1073d red1073r

Exception Notes: _____

CONSIGNEE -- FOR YOUR PROTECTION, PLEASE READ BEFORE SIGNING:

Please inspect your carton(s) and residence upon completion of delivery. By signing below, you agree that: 1.) the delivery team has fully performed the services described above; 2.) the carton(s) are in satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Damage) must be noted in writing in the "Exception Notes" area above.

Consignee Signature: _____

Print Name: Brianna Kobs

Date: Aug 16, 14

Driver Signature: _____

Print Name: Dave Thompson

Date: 8/14/14

*** Attention Delivery Team: Within 24-hours, please send POD to NVC via fax or email ***

*** Toll Free Fax Line: (800) 799-1635 - Email: POD@NVCLogistics.com ***

8/6/14