

REDMAN VAN & STORAGE CO.

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304193 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 304193												
08-12-15	any	DERED	C.O.D.	CHRG P	ER	MONIC		06 - 25 - 15		EST. COST		NO. ROOMS
INSURANCE FLIGHT/ST.		KING RAN	IGE	REFRIG.		WASHER	AUTO DF		PIANO	FREEZER	1	EST. WEIGHT
REG												98
REDMAN VA SHIP 2571 W. 2 SALT LAKE	2590 SI	OUTH		CE		SHIP TO 8	EDMAN 55S 5	00 1		AGE - D	OWN	rown .
ATTN:			972	H-4420		ATTN:					PHONE:	
STORAGE LOT #	ALL OUT			TYPE					TRACTR	I /TRI R	NUMBER	OF PERSONNEL 1
REMOVAL OF FADD STAND AN MACHINE E1BS CALL IN RECA	RYU0119	ER TRAY	46018 TO N STALL	34850 IEW		MI W.	PACK NO DEI RUM 1.5 3.0 4.5 6.0 RROR ROBE FAPE SINGL. DBL. NG UEEN		Afamas Laluama Siania	TOTAL SHUTCHER		IN OUT
THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER FADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO INHIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY. SHIPMENT IS RELEASED AT 60¢ PER POUND X CUSTOME DECLARED VALUE IS GREATER THAN 60¢ PER POUND. CUSTOMER REQUESTS: NOTE: ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.		E OR IT RTICLE ATE FO PECLAR SIG.	S . A DR RE NC CC	OMPUTATION OF CHARGES MAN & VAN EXTRA MEN	NO. C MEN DSTS L PRO	TECTION CHAR	REG. RATE O.T. PER HOUR PER	RATE	Totals			
BE INVALID. CUSTOMER SIGNATURE X PRINT NAME GOODS RECEIVED IN GOOD CUSTOMER SIGNATURE ACH DITIONS ON REVERSE SIDE.	ARRIVED A.M. P.M. TIME DEPART A.M. P.M.	CU	ST. BE	TOTAL COST TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CR ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CRI TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST BE BILLED AT 11/2% PER MONTH ON PAST DUE ACCOUNTS. IN EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FI								

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DMAN VAN & STORAGE/DRIVER TRIP SHEET

	DRIVER	AFAMASAGA`			
	HELPER	LAUAMA, MAILEI			
STOP #	DEL DATE	REFERENCE ACCOUNT NAME	STOP NAME	CITY	STATE # CABS
1	08-12-15	306359 STI JJ623000	JOHN LYRAS	PARK CITY	UT
2	08-12-15	306384 PH%2FE 1425030%28 ATTEMPT%29	LISA MCENTIRE	PARK CITY	UT
3	08-12-15	306367 NVC1867243	JORDAN CHAEFFER	PARK CITY	UT
4	08-12-15	306135 XEROX	ROBERT M PAYNE	SLC	UT
5	08-12-15	3041935 EXEROX	REDMAN	SLC	UT
		this is saying as is print a conv of this page for your	records and click on the	button below	·-

Print If this is NOT correct as is, hit your BACK button an fix it. CORRECT AS IS, SAVE