



REDMAN VAN & STORAGE Co.

290449

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

290449

TIME STARTED

1:35

TIME

2:30

DATE 11-12-14	TIME ORDERED 1-5 AT	C.O.D.	CHARGE CHRG	PER	ORDER TAKEN BY MARGENE	ORDER DATE 11-07-14	EST. COST	NO. ROOMS 1
INSURANCE REG	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER
								EST. WEIGHT 165

REDMAN VAN & STG MAIN OFFICE

2571 W. 2590 SOUTH

SALT LAKE CITY, 84119

ROSALIE WALKER

1159 NORTH AMERICAN BEAUTY DRIVE

1030W

SALT LAKE CITY, UTAH 84116

ATTN:

972-4420

ROSALIE

30 min notice

801-359-1441

STORAGE
LOT #

ALL
OUT

TYPE

EITHER

NUMBER OF PERSONNEL
2

NVC
1618462

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. NEW DEL.	USED	NAME	IN	TIME	OUT
	DRUM			Caloula			
	1.5						
	3.0						
	4.5			Neru			
	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

Rosalie Walker

TIME ARRIVED	CUST. INITIAL
2 A.M.	RW
TIME DEPART	CUST. INITIAL
A.M.	RW
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 #
1618462

File # **1618462**



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SHIPPER		ACCOUNT INFORMATION		CONSIGNEE	
ICON HEALTH AND FITNESS - BEAUMONT, CA		UPS - ICON		ROSALIE WALKER	
		Shipper B/L #: 80638624		1159 N AMERICAN BEAUTY DR	
		Order #: 638624		SALT LAKE CITY, UT 84116	
		PO #: 0000397509			
		RA #: 861698961		801-359-1441	
LTL Carrier: 435234 41946000000					
LTL Pro #: 861698961 41953000000					
DP: 226542 41946093504					
Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON HEALTH & FITN	NTEX07912	37x25x86	EXERCISE BIKE	165
1	Total				165

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

red8462d

red8462r

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: Rosalie Walker

Print Name: Rosalie Walker

Date: 11-14-14

Driver Signature: _____

Print Name: _____

Date: _____

*** 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 ***

11/5/14

Doc: BOL-7 Ver: 2.10 12/3/2004