

## REDMAN VAN & STORAGE CO.

TIME STARTED						

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 We

TIME

307709				eport Center, Clea	arfield, Utah (801)	776-2645	Lake City, Uta	307709				
09 - 08 - 15  INSURANCE   FLIGHT/	9	ME ORDERED	AT NO	CHARGE		ACIE		9-10-15	EST, COST		NO. ROOMS	
	STAIRS	PACKING	RANGE	REFRIG.	AUTO WA	SHER AU	JTO DRYER	PIANO	FREEZE	R	EST, WEIGHT	
REG											2,000	
REDMAN VAN & STG MAIN OFFICE						LAKEVIEW HOSPITAL						
2571 W. 2590 SOUTH						ship 630 E MEDICAL DR						
SALT LAKE CITY, 84119						BOUNTIFUL, UT 84010						
ATTN: 972 <sup>-0</sup> 年420						ATTN: 807-510-9084						
STORAGE ALL TYPE OUT						EQUIPMENT NO. NUMBER OF PERSONNEL						
STI 27EC	1				ÉS	T DAOK	NO. NEV	EITHER			Z TIME	
STI 2750 EU160900						DRUM	DEL	USED	NAME		IN OUT	
BILL TO						3.0		Ulliola				
, 0000						4.5		MIUNIN	MUN		A	
						6.0 MIRROR		Jakur	- 1		√C 0.	
DEL TUED MAC					1250,000	W. ROBE		(St	-)	1	6,	
DELIVER MAC	HINE					SNGL.		C	-01	7.	.1	
						DBL. KING QUEEN			1/2	•	4	
						QUEEN		ax	L,	(1	1.4	
								MIL		J,	· ko	
						TOTAL PA	CKING	10.	V	1	30	
								-	/ <	3/		
+ + IMPOR	TANIT	LIADII	TV INIEC									
★ ★ IMPOR			SANCE AND ADDRESS AND DESCRIPTION OF A TELEPHONE WHEN									
CONTENTS IS LIMITE HIGHER VALUE MAY	ED TO 60 Y BE DE	) (SIXTY) C CLARED E	ENTS PER P	OUND PER A	RTICLE. A							
HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FO ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLAR HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.								TIME (DRIVER I	MUST EXPL	AIN)		
SHIPMENT IS RELEASED AT 60¢ PER POUND X						OF CHARG			G. RATE O.T. F R HOUR PER H	RATE	Totals	
CUSTOMER SIG. DECLARED VALUE IS GREATER THAN 60¢ PER POUND.					R SIG.	MAN & VA						
CUSTOMER REQUESTS: DEPRECIATED VALUE						PACKING						
NOTE: ADDITIONAL PRE	=NALLINA		CTION FOR \$ CEMENT COS					ECTION CHARG	FS			
MUST BE PAID TO ER A HIGHER N	O COV-	PROTEC	PROTECTION FOR \$  DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT				E CHARGE		)			
DECLARED. AMC DECLARED WIT	DUNTS	DECLAR					OTHER (PLEASE EXPLAIN)					
PREMIUM PAYMENT BE INVALID.	T WILL			TIME ARRIVED	CUST.				TOTAL CO			
CUSTOMER				A.M.	INITIAL	TERMS A	RE PREP	AID OR UPON C	OMPLETION	LOE M	IOVE. CREDIT	
SIGNATURE X				TIME	CUST.	I LEHMS A	HENEI/	MUST BE APP DAYS OF RECEI PER MONTH OF	PT OF INVO	ICF IN	TEREST WILL	
PRINTNAME					INITIAL	AMOUNT	S. CUST	TION IS NECES OMER AGREES	SARY TO C	OLLEC	T PAST DUE	
DITIONS ON REVERSE SIDE.  P.M.						AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.						