REDMAN VAN & STORAGE CO. (2)

311219

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8561
E-16 Freeport Center, Clearfield, Utah (801) 776 2645

311219

TIME STARTED
11:20

TIME
11:45

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
11-30-15	BT 9-11		CHRG		LYNN	11-25-15		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									280

SHIP FROM
REDMAN VAN & STG
2589 SOUTH 2570 WEST
WEST VALLEY CITY, UT 84119

SHIP TO
CENTURY LINK-MIDVALE
55 EAST 7800 SOUTH
2ND FLOOR, 28 STAIRS
MIDVALE, UT 84047

LYNN CHANDLER — PHONE 801 972 4420

RUSS BENSON-CL — PHONE 801-214-4364

STORAGE LOT # | ALL OUT | TYPE | EQUIPMENT NO. BOBTAIL | NUMBER OF PERSONNEL 2

BILL TO
EVERY WAREHOUSE
C/O: CENTURY LINK
831 CHICAGO AVENUE, SUITE 200
BVN3Z85D9
EVANSTON, IL 60202

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

TOTAL PACKING

CALL ext 338
TIME 11:45
VOICEMAIL ☑ PERSONNEL ☐

SPECIAL INSTRUCTIONS:

BVN3Z85D9
CALL 30 MIN. PRIOR TO DEL. INSIDE DEL
REMOVAL OF DEBRIS. LIFTGATE REQ.D.
PALLET JACK MAY BE REQ.D.
2ND FLOOR DEL. 28 STAIRS
MUST CALL CUST IF YOU WILL BE LATE.
BREAK DOWN AND CARRY TO 2ND FLOOR.

Caloula Sateh.

service failure

★ ★ 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 X _____ 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 X _____

PRINT NAME Russ Benson

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

TIME ARRIVED	CUST. INITIAL
11:30 A.M. P.M.	RB
TIME DEPART	**CUST. INITIAL**
11:45 A.M. P.M.	RB

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 1½% 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.

DELIVERY DOCUMENT

SHIP METHOD: Ground
BOL NUMBER: 311219
CUSTOMER: LNS Pack & Hold
PROJECT: BVN3Z85D9
ORIGIN: Redman Van & Storage
Contact: LYNN CHANDLER
Phone: 801-972-4420 EXT 338
Address: 2589 south 2570 west

City, State, Zip: west valley city, UT 84119
CARRIER:
Phone:
Address:

City, State, Zip:

STOP#: _____ of _____
SHIPMENT: 1242144
WBS: N.007195.C.06

DESTINATION: CENTURY LINK-MIDVALE
Address: 55 EAST 7800 SOUTH

City, State, Zip: MIDVALE, UT 84047
Primary Contact: RUSS BENSON-CL
Primary Phone: 801-214-4364
Secondary Contact: CURT OAKESON-CL
Secondary Phone: 801-707-7583

SPECIAL INSTRUCTIONS:

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH
Loader Name: _____
Driver/Helper Name: _____
Truck/Number: _____
Miles Traveled: _____
On site time: 15 mins

Date Requested: 11/30/2015
Time Requested: Between 9:00 AM - 11:00 AM
Start Date / Time: 11/30/15 10:50 am
Actual Arrival Time: 11/30/15 11:30 am
Depart. Date/Time: 11/30/15 11:45 am
Finish Date/Time: 11/30/15 12:10 pm

YES (NO) Did your shipment arrive on time?
YES (NO) N/A If there were any changes to the delivery schedule, were you notified?
(YES) NO Did you receive all carton numbers listed on the Bill of Lading?
(YES) NO Did we have the appropriate tool(s) for delivery?
YES (NO) Did we meet your expectations?

Receiver Name: Russ Benson
Receiver Signature: _____

**ATTENTION RECEIVER - You must inventory total carton count and initial receipt or each carton number.
Any discrepancies must be noted at this time in the comments section.
Please notate any damage in the Comments section below.

COMMENTS: _____