

REDMAN VAN & STORAGE CO.

TIME	STARTED		
 	0.17.17.11.11.11	-	-

288955

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 288955

TIME

DATE	TIME	ORDERED		C,O.D.	CHARGE	PER	ORDE	R TAKEN	BY		RDER DAT	F T	FST	COST	NO. ROOMS			
10-13-14	8-3	S. ITO OFFICE					SON			- 10 -				1				
INSURANCE FLIGHT/S	STAIRS	PACKING	RAN	IGE	REFR	IG. A	UTO WASHI	ER /	AUTO DE	REP	PIAN	NO	FP.	REEZER	EST. WEIGHT			
RCP															469			
MTI								RED	MAN	N VA	N & S	STG	MAIN	OFFI	CE			
SHIP 3655 WES	ST NIN	NIGRE7	r DR	IVE			SHIP	257	71 h	٧. 2	590 3	SOUT	Н					
SALT LAKE CITY, UTAH 84104						SALT LAKE CITY, 84119												
D'ACKIE 801º887-5114							1 ATTN: 972-4420											
RP1#753	ORAGE ALL TYPE OUT											IPMENT N	IO.		BER OF PERSONNEL			
CRT RP17	⁷ 53						EST.	PACK	NO. DEL	NEW			NAM	E	TIME OUT			
								DRUM	7/	Jalah	Se							
BILL								3.0	CU	Aye	2		/	\/				
								6.0				4	1	N	_			
SPECIAL INSTRUC	CTIONS:							MIRROR W. ROBE		\	111	3	M	100	Men			
APU.								TAPE		10	111	Var	0	Me				
LOADING 1 PALLETIZED/BOXED MEDICAL CHAIR 80X32X32 HANDLE W/ EXTRÉME CARE. STRAP W/						SNGL. DBL.												
HANDLE W/ E CARE.	XTREM	E CAR	E. S	TRA	P W/			KING QUEEN										
ADDTL VAL \$	4000							•										
							ТС	TAL F	ACKI	NG								
				ř														
				1														
* * IMPOR				-														
THE RESPONSIBILITY CONTENTS IS LIMITE	ED TO 60 (SIXTY) C	FNTS P	FR PC	OLIND PER	ARTICLE	= Δ											
HIGHER VALUE MAY ADDITIONAL PROTE HIGHER VALUE ASSU	ECTION W	ILL BE A	SSESS	ED. FA	A HIGHER	DECLA		NON PE	RODUC	CTIVE .	TIME (DE	RIVERI	MUST E	XPLAIN)				
SHIPMENT IS RELEA								COMPUT OF CHAI		NO. OF MEN	REG. (O.T. RE	G. RATE R HOUR	O.T. RATE PER HOUR	Totals			
DECLARED VALUE IS					CUSTON	MER SIG.	_	MAN &	VAN									
CUSTOMER REQUES		DEPREC	CIATED	VALUE	Ε			PACKIN		STS								
NOTE: PROTECTION FOR \$ ADDITIONAL PREMIUM REPLACEMENT COST								ADDITIONAL PROTECTION CHARGES										
MUST BE PAID TO ER A HIGHER V	COV-	PROTEC	CTION F	OR\$			STORAGE CHARGES (PER)											
DECLARED. AMO DECLARED WITH	UNTS	DECLAR	ED VAL SHIPME	L COST (OF C	THER	(PLEA	SE EX	PLAIN)									
PREMIUM PAYMENT BE INVALID.	WILL	1			TIME ARRIVED	CU							TOTA	L COST				
USTOMER	1	1			1:10	1	SIT	ERMS	ARE F	PREPAI	ID OR U	PON C	OMPLE	TION OF	MOVE. CREDIT			
GNATURE X PRINT NAME	rad	Bear	50	1	TIME	CU	ST. B	ERMS . E BILLI	ARE N ED AT	11/2% F	PER MO	RECEI NTH O	PT OF I	NVOICE. I	NTEREST WILL			
ODS RECEIVED IN GOOD C STOMER SIGNATURE ACKN IONS ON REVERSE SIDE.	CONDITION EX	(CEPT AS NOTERMS AND	OTED. CON-		1:20 AM	at	A	MOUN	TS. C	L ACTI	ION IS N	VECES GREES	SARY T	OCOLLE	CT PAST DUE DRNEY FEES,			



REDMAN VAN & STORAGE CO.

1	TIME STARTED
74	

Utab (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581

TIME	
1 HVHC	
	TIME

289004 E-16 Freeport Center, Clearfield, Utah										ah (801) 776-2645 289004										
DATE TIME ORDERED C.O.D. CHARGE PER							ORDER	ORDER TAKEN BY OR				RDER DATE EST. CO				OST NO. ROOMS				
10-14-14	8-5				CHA	RGE	1	ALIS						FRFF7F	REEZER EST. WEIGHT					
INSURANCE FLIGHT/S	STAIRS	PACKING	R/	ANGE		REFRIG.	AU	TO WASHE	н	AUT	ODRIER		IANO		1 1 Control					
RCP								N										1,500		
TRANS AMERICAN MEDICAL								R	EDM	IAN VA	AN &	STG	MA:	[N 0	FFIC	E				
965 W. 3	325 NO	ORTH						SHIP	2	571	W. 2	2590	SOU	TH						
FHUM					. ,				S	ΑΙ Τ	LAK	CI	TY.	84	4119					
/ LINDON,		04042					7005	ATTN:								972 ^{NE}	110	20		
JOHN DRURY X205 8011-796-7335							X				T E	QUIPMEN	T NO.				ERSONNEL			
RP1#759		L UT				TYPE						LE	ITHE	R						
CRST RP1	1736	not in/pc	()	nt				EST.	-	ACK	DEL		SED		NAME		IN	TIME		
01.51 1.11	Did	70M	d						+	1.5	TANAL									
BILL TO	VIO	inlan	W	10					+	3.0	V I VIII									
/ 51	\mathcal{M}	11100)						+	6.0										
/							7167167		-	RROR						7.				
SPECIAL INSTRU									+	ROBE										
APU. LIFTGA	AIL R	EQ D. C 960	0 0	- ARM	1 RA	ADTOL	OGY		S	NGL.										
SYSTEM. SER	ŘÍAL	#69-0	394				001			OBL. NG UEEN										
(MAIN FRAME	E C-A	RM &	MON	I TOR		ART) S.STR	ΔР		QI	UEEN										
W/ CARE. NO	OTE W	HERE	TO	PLAC	E S	STRAP					`					8				
PRIOR TO PA	ADDIN HAND		LICA	AIL	MEL	DICAL		Te	OT	AL P	ACKING									
ADDTL VAL	ON OR	DER \$			00															
				7																
* * IMPOR	RTANT	LIABI	LITY	INF	OR	MATIC)N *	*												
THE RESPONSIBILITY CONTENTS IS LIMIT	TY OF TH	IIS COMPA	NY FO	OR ANY	PIEC	E PACKA	GE OR	ITS												
HIGHER VALUE M	AY RE D	FCLARED) BEL(AN WC	ID A	HIGHER	HAIL	FUR	NO	ON PI	RODUCTI	VE TIM	IE (DRIV	ER MU	JST EX	(PLAIN)				
ADDITIONAL PRO	SUMES 6	60¢ PER L	B. LIA	BILITY.	, FAII	LONE TO	DEGL		C				G. O.T.	Security States	Salara Salara Salara		3	Totals		
SHIPMENT IS RELE	EASED AT	Γ60¢ PER	POUN	ND X		CUSTON	IER SIG.			MAN &										
DECLARED VALUE	IS GREA	TER THAN	√ 60¢ F	PER PO	DUND					EXTRA	MEN									
CUSTOMER REQU	ESTS:	DEPF	RECIA	TED VA	LUE R \$				PA	ACKIN	IG COST	S								
NOTE:	DEMILIM	REPL	ACEN	MENT C	OST			entante de la companio	Α[DDITI	ONAL PF	OTECT	TION CH	ARGE	S					
ADDITIONAL P MUST BE PAID ER A HIGHER	TO COV-	PROT	TECTIO	ON FOI	R\$.			T.O.	S	TORA	GE CHAI	RGES (PER							
DECLARED. AND DECLARED W	MOUNTS	ENIT		VALU IIPMEN		ST EQUA	L COS	1 UF	0	THEF	R (PLEAS	E EXPL	.AIN)							
PREMIUM PAYME BE INVALID.	ENT WILL		TIME CUS ARRIVED INITIA						AL TOTAL COST											
DE INVALID.			/	M	1	AA		A	TE	ERMS	S ARE PE	REPAID	OR UPO	ON CC	MPLE	TIONO	FMO	VE. CREDI		

ARRANGEMENTS MUST BE APPROVED IN ADVANCE CUSTOMER X 18:55 P.M. TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 11/2% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, TIME CUST. PRINT NAME SILLLY INITIAL DEPART GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE. 115 A.M. INTEREST AND COLLECTION COSTS.