

CUSTOMER SIGNATURE X PRINT NAME PRINT NAME

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.

CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

BE INVALID.

ARRIVED INITIAL
A.M.
P.M.

TIME CUST.
DEPART NITIAL
A.M.
P.M.

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 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, INTEREST AND COLLECTION COSTS.



LTL Carrier: 435234

LTL Pro #:

Questions? Please call (800) 526-0207 or visit www.mynvc.com

TD

25 - 14-1-

NVC Pro# 1591342

File # 1591342

Page 1 of 1

SHIPPER

ICON HEALTH AND FITNESS -BEAUMONT, CA

971505625

41907000000

41911000000 41912171249 ACCOUNT INFORMATION

**UPS-ICON** 

Order#

115502545 Shipper B/L#: 868915

FP2896761 PO# 971505625 RA#

CONSIGNEE DAVID POWER 7501 VALLEY MAPLE DR WEST JORDAN, UT 84081

801-870-3599

226542 DP: Weight Description LxWxH SKU Manufacturer Pieces 202 FITNESS EQUIPMENT 24976 ICON FITNESS 202 Total **Total** 1

Description of Services Performed: Threshold Delivery						
Check One:   Delivery Completed   Delivery Refused red1342r    Delivery Refused red1342r	☑ Inside Delivery [	Room of Choice Unpack / Debris I	Removal / Basic Setup nsignee's residence	☐ Assembly	☐ Connect Cable/DVD/VCR	
Check One:    Delivery Completed   Delivery Refused red1342r    Exception Notes:   Delivery Refused red1342r	Delivery Details: Start Time	End Time	# of Men	Stair Carry: # of Flights:	N/A Room:	
Check One:    Delivery Completed   Delivery Refused red1342d   red1342r				*		
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 calistactory condition and there is no damage to the carton(s) or your residence. Any exceptions (exception Notes' and above.  Consignee Signature:  Print Name:  Print Name:  Print Name:  Print Name:  Date:  Print Name:		C			,	
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Driver Signature: Print Name: Date:	services described above;	writing in the "Exception Notes" area above.	ì	Day Dayson	10-10-14	
Driver Signature: Print Name: Date:		Bleetan	Print Name:	and and		
			Print Name:	and the second second of the second of the	Date:	