



REDMAN VAN & STORAGE Co. #2

320267

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 972-4420
E-16 Freepoint Center, Clearfield, Utah (801) 778-2645

320267

TIME STARTED
TIME

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
07-08-16	BT 8-10		CHRG		LYNN	07-07-16		1
INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER
REG								
								EST. WEIGHT
								55

REDMAN VAN & STG	CENTURY LINK-PROVO 1
2589 SOUTH 2570 WEST	75 EAST 100 NORTH, SOUTH DOOR
WEST VALLEY CITY, UT 84119	PROVO, UT 84606
LYNN CHANDLER	LIONEL PHELPS-CL
801-972-4420	801-891-9096
STORAGE LOT #	TYPE
	BOBTAIL
ALL OUT	NUMBER OF PERSONNEL
	1

EVERY WAREHOUSE
C/O: CENTURY LINK
831 CHICAGO AVENUE, SUITE 200
BVHS08212
EVANSTON, IL 60202

EST.	PACK	NO. DEL.	NEW	USED	NAME	IN	TIME	OUT
	DRUM							
	5				TANNER			
	30				FILIPPO			
	45							
	60							
	MIRROR							
	W. ROBE							
	TAPE							
	SNGL.							
	DBL.							
	KING QUEEN							
TOTAL PACKING								

SPECIAL INSTRUCTIONS:

BVHS08212
CALL 45 MIN. PRIOR TO DEL. INSIDE DEL
REMOVAL OF DEBRIS. LIFTGATE REQ.D.
PALLET JACK MAY BE REQ.D.
1ST FLOOR DEL.
MUST CALL CUST IF YOU WILL BE LATE.
--MUST CALL 45 MIN PRIOR, NOT AT SITE

★ ★ 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 S.G.

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: *Lionel Phelps*

PRINT NAME: *Lionel Phelps*

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

TIME ARRIVED	CUST. INITIAL
1:15 A.M.	LP
TIME DEPART	CUST. INITIAL
A.M.	
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.

DELIVERY DOCUMENT

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SHIP METHOD: Ground
BOL NUMBER: 320267

CUSTOMER: LNS Pack & Hold
PROJECT: BVHS08212
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:

STOP#: _____ of _____

SHIPMENT: 1361546

WBS: N.097645.C.04

DESTINATION: CENTURY LINK-PROVO 1
Address: 75 EAST 100 NORTH

City, State, Zip: PROVO, UT 84606

Primary Contact: LIONEL PHELPS-CL

Primary Phone: 801-891-9096

Secondary Contact: CURT OAKESON-CL

Secondary Phone: 801-707-7583

City, State, Zip:

SPECIAL INSTRUCTIONS:

SHIPMENT EVALUATION / CONFIRMATION:

Service Type: ST TT V HH

Date Requested: 7/8/2016

Time Requested: Between 8:00 AM - 10:00 AM

Loader Name: _____

Driver/Helper Name: _____

Truck/Number: _____

Miles Traveled: _____

On site time: _____

Start Date / Time: 12:20 pm JUL 08 2016

Actual Arrival Time: 1:15 pm JUL 08 2016

Depart. Date/Time: 1:20 pm JUL 08 2016

Finish Date/Time: 2:05 pm JUL 08 2016

YES NO

Did your shipment arrive on time?

YES NO

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: _____

Receiver Signature: _____

**ATTENTION RECEIVER - You must inventory total carton count and initial receipt on 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:

LATE: 3.25 HRS LATE