



REDMAN VAN & STORAGE Co.

290235

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

290235

TIME STARTED

TIME

11-07-14	1-5 AT	CHRG	MARGENE	11-04-14	1				
INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									150

REDMAN VAN & STG MAIN OFFICE

2571 W. 2590 SOUTH

SALT LAKE CITY, 84119

AMY NADERSON
2111 NORTH HILLFILED ROAD
#C328

LAYTON, UTAH 84041

ATTN:

972-4420

AMY

John

801-888-0780

STORAGE
LOT #ALL
OUT

TYPE

EQUIPMENT NO.
EITHERNUMBER OF PERSONNEL
2NVC
1623639BILL
TO

EST.	PACK	NO. DEF.	NEW USED	NAME	IN	TIME OUT
	DRUM			Bonan		
	1.5			Brian Laplante		
	3.0					
	4.5					
	6.0					
	MIRROR					
	W. ROBE					
	TAPE					
	SNGL.					
	DBL.					
	KING QUEEN					

TOTAL PACKING

SPECIAL INSTRUCTIONS:

NVC THRESHOLD DELIVERY
DELIVER TO FIRST FLOOR ENTRYWAY
DO NOT UNPACK
DIRVER FILL OUT ALL AREAS ON POD
MARKED IN BLUE -- HAVE CUSTOMER
SIGN AND DATE AREA MARKED IN YELLOW

★ ★ 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

PRINT NAME

Soun Walker

TIME
ARRIVED
CUST.
INITIALTIME
DEPART
CUST.
INITIAL

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

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.



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

POD
TD

NVC Pro #
1613639

File # **1613639**

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SHIPPER		ACCOUNT INFORMATION		CONSIGNEE	
ICON HEALTH AND FITNESS - BEAUMONT, CA		UPS - ICON		ANDERSON, AMY	
LTL Carrier: 435234 41940000000		Shipper B/L #: 115560183		2111 N HILLFIELD RD; #C328	
LTL Pro #: 861695741 41947000000		Order #: 933972		LAYTON, UT 84041	
DP: 226542 41941161516		PO #: ANDERSON		801-888-0780	
RA #: 861695741					
Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON FITNESS	PFRW5913		FITNESS EQUIPMENT	150
1	Total				150

Description of Services Performed: **Threshold Delivery**

☒ Inside Delivery ☐ Room of Choice ☐ Unpack / Debris Removal / Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR

Special Instructions: **Deliver inside any first floor entryway of consignee's residence**

Delivery Details: Start Time _____ End Time _____ # of Men _____ Stair Carry: # of Flights: N/A Room: _____

Check One: ☒ **Delivery Completed** ☐ **Delivery Refused**

text@nvclogistics.com **red3639d** **red3639r**

Exception Notes: _____

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 satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Damage) must be noted in writing in the "Exception Notes" area above.

Consignee Signature: [Signature] Print Name: John Wallace Date: 11-10-14

Driver Signature: _____ Print Name: _____ Date: _____

*** Attention Delivery Team: Within 24-hours, please send POD to NVC via fax or email ***

*** Toll Free Fax Line: (800) 799-1635 - Email: POD@NVCLogistics.com ***

10/31/14

Doc: BOL-7 Ver: 2.10 12/3/2004