REDMAN VAN & STORAGE CO.

(1)

312191

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

312191

TIME STARTED

TIME

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
12-21-15	8-4	BY	CHRG		ALISON	12-18-15		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									1,500

SHIP FROM
MESA/UNITED VAN LINES
WADE STOCKING
2255 SOUTH 900 WEST
SLC, UT 84119

SHIP TO
TRANS AMERICAN MEDICAL
965 W. 325 NORTH
LINDON, UT 84042

EXT:	PHONE:	ATTN:	PHONE:
EXT 313	801-908-6683	ALLEN LOFTUS/MATT X212	800-865-8195

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

BILL TO
EASTERN DIAGNOSTIC IMAGING
REF: PO 5474
597 WINTHROP STREET

TAUNTON, MA 02780
JIM PERDIKIS 508-828-2970

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

Konstantin
Luke
SF
who is Luke???
Need to write full names

TOTAL PACKING

SPECIAL INSTRUCTIONS:

LOCAL. LIFTGATE REQ'D.
PICK UP & DELV GE OEC C-ARM RADIOLOGY SYSTEM, MAIN FRAME & WORKSTATION.
VERIFY SERIAL #89-0559.
MUST DOUBLE PAD WRAP WELL ALL APEAS
NOTE WHERE TO PLACE STRAPS PRIOR TO PADDING. PADS MUST BE UNDER STRAPS.
STRAP & HANDLE W/ EXTREME CARE.
DELICATE MEDICAL EQUIPMENT.

amptel at Transamerican medical

★ ★ 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 Tara Clayton

PRINT NAME Tara Clayton

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

TIME ARRIVED	CUST. INITIAL
12:30 A.M. P.M.	MC
TIME DEPART	**CUST. INITIAL**
1:10 A.M. P.M.	MC

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.