

ORDER FOR SERVICE

In Correspondence Refer to This Number

**IN CASE OF NEED
CONTACT YOUR AGENT:**

Carrier's I.D. or Reg. Number

U.S. DOT NO. _____

MC NO. _____

SHIPPER _____	CONSIGNEE _____
ADDRESS _____	ADDRESS _____
FLOOR _____ PHONE _____	FLOOR _____ PHONE _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____

INTERLINING CARRIER OR DELIVERING AGENT: NAME _____	LOCATION OF CERTIFIED SCALE TO BE USED AT ORIGIN: ADDRESS _____
ADDRESS _____	CITY _____ STATE _____
CITY _____ STATE _____ ZIP _____	SHIPPER TO VIEW WEIGHTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

SHIPPER'S CONTACT, EN ROUTE: NAME _____	SHIPPER'S CONTACT, DESTINATION: NAME _____
ADDRESS _____	ADDRESS _____
CITY/STATE _____ PHONE _____	CITY/STATE _____ PHONE _____

PACKING DATE REQUESTED _____	AGREED PICK-UP DATE _____	GUARANTEED PICK-UP DATE _____	AGREED DELIVERY DATE _____	GUARANTEED DELIVERY DATE _____	GUARANTEED SERVICE DATES _____
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BINDING ESTIMATE CHARGES: <input type="checkbox"/> YES <input type="checkbox"/> NO Transportation _____ Dest. Services _____ Origin Service _____ Valuation Chg. _____ Total Charges _____ <small>Total charges above cover only the articles and services indicated on binding estimate accompanying this order for services, signed by representative of both the carrier and shipper. Total charges are guaranteed for _____ days from date of signing.</small>	PENALTY OR PER DIEM REQUIREMENTS → NOTIFICATION OF ACTUAL CHARGES: SHIPPER <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT REQUEST AT: NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____
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NON BINDING ESTIMATED CHARGES: _____ 110% COLLECTION OPTION (COD): _____ <p style="text-align: center; color: red; font-size: small;">PAYABLE IN CASH, CERTIFIED CHECK, TRAVELER'S CHECK OR CASHIER'S CHECK</p> BALANCE DUE WITHIN 30 DAYS OF DELIVERY PAY TO THE ORDER OF _____ MINIMUM CHARGES (IF APPLICABLE) \$ _____ <small>Notice: Carrier's tariffs, by this reference, are made a part of the bill of lading and may be inspected at carrier's facility, or, on request, carrier will furnish a copy of any tariff provision containing carrier's rates, rules or charges governing the shipment.</small>	BILLING INFORMATION: PAYABLE IN CASH, CERTIFIED CHECK, TRAVELER'S CHECK OR CASHIER'S CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> PREPAID <input type="checkbox"/> C.O.D. NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
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SERVICES (when applicable)	CHARGES	SERVICES (when applicable)	CHARGES
Transportation FROM _____ TO _____		Extra Labor, Special Services or Waiting Time	
Origin/Destination Fee		Bulky Articles	
Fuel Surcharge		Additional Weight Additives	
Valuation		Advanced Charges	
Containers, Packing & Unpacking		Shuttle Service	
Storage-In-Transit at LOCATION _____ Date In _____ Date Out _____		Self-Storage/Mini-warehouse Pickups or Deliveries	
SIT Pickup and Delivery		Overtime Pickups or Deliveries	
Extra Pickups or Deliveries No. _____ at _____		Other Additional Services	

COMMENTS: _____

THIS SHIPPER'S SIGNATURE BELOW AUTHORIZES THE CARRIER TO PERFORM THE SERVICES INDICATED HEREIN, ACKNOWLEDGES RECEIPT OF THE REQUIRED "YOUR RIGHTS AND RESPONSIBILITIES WHEN YOU MOVE", EN ROUTE AND DESTINATION CONTACT ARRANGEMENTS AND AGREES TO THE CHARGES AND METHOD OF PAYMENT SO DESIGNATED.

SHIPPER'S SIGNATURE _____	DATE _____
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THE CARRIER'S SIGNATURE BELOW ACKNOWLEDGES ACCEPTANCE OF THIS ORDER FOR SERVICE AND THAT THEY AGREE TO PERFORM THE SERVICES AND CARRY OUT THE ARRANGEMENTS SPECIFIED HEREIN.

CARRIER'S SIGNATURE _____	DATE _____
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