

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

ORS# 9756

GENTLEMEN MOVERS INC,

Crew Chief: _____

2330 Legrand Rd.

Columbia, SC 29223

803-782-0063 OFFICE / 803-319-3646 CELL

2711

Gentlemenmovers@aol.com / http://www.gentlemenmoversinc.com

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER _____
 ADDRESS _____
 FLOOR _____ ELEV. _____ TEL. _____
 CITY _____ STATE _____

CONSIGNEE TO _____
 ADDRESS _____
 FLOOR _____ ELEV. _____ TEL. _____
 CITY _____ STATE _____

SHIPPER REQUESTS NOTIFICATION OF ACTUAL WEIGHT & CHARGES TO PARTY SHOWN BELOW

PREFERRED DELIVERY DATE(S) OR PERIODS OF TIME _____

NOTIFY _____ TEL. _____

ADDRESS _____

RECEIVED SUBJECT TO _____ ROUTING _____

GENERAL CONDITIONS:

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN
 TARIFF _____ SEC. _____

INVOICING

GOVT. B/L No. _____
 BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER & TARIFF. ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING THE CARRIER'S LIABILITY FOR LOSS AND DAMAGE WILL BE .60 PER LB. PER ARTICLE UNLESS A GREATER AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED _____ Date _____
 Shipper _____

TIME RECORD

START _____
 FINISH _____
 AM AM Customers Initials _____
 PM PM Customers Initials _____

JOB HOURS _____
 TRAVEL TIME _____
 TOTAL HOURS _____

TRANSPORTATION SERVICES HOURLY CHARGE

STRAIGHT TIME
 VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

OVERTIME SERVICES
 VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME _____ HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

INSURANCE _____

TOTAL _____

DATE DELIVERED _____

DRIVER _____

WEIGHT AND SERVICES

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE SPACE RES. _____ CU. FT.
 EXCL. USE OF VEH. _____ CU. FT.

GROSS	TARE	NET	RATE	CHARGES
TRANSPORTATION _____ MILES				
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE) _____ <input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.				
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____ AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS				
WAREHOUSE HANDLING _____				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE _____				

APPLIANCE SERVICES

ORIGIN DUE _____
 DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE <input type="checkbox"/> , FROM WHSE <input type="checkbox"/> , ORIG <input type="checkbox"/> , DEST <input type="checkbox"/> MI	QUANTITY	
BARRELS	5	
CARTONS LESS THAN 1 1/2		
CARTONS 1 1/2		
CARTONS 3		
CARTONS 4 1/2		
CARTONS 6		
CRIB MATTRESS		
WARDROBES (USE OF)		
MATTRESS CARTON NOT EXCEEDING 39 x 75		
MATTRESS CARTON NOT EXCEEDING 54 x 75		
MATTRESS CARTON EXCEEDING 54 x 75		
CRATES MIRROR CARTONS		
TOTAL PACKING		
TOTAL CHARGES <input type="checkbox"/> CHGE <input type="checkbox"/> PPD <input type="checkbox"/> C.O.D. <input type="checkbox"/> G.B.L.	TOTAL CHARGES	

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ WAREHOUSE _____ CONSIGNEE _____

BY _____ PER _____ DATE _____

(WAREHOUSEMAN'S SIGNATURE) _____ DATE _____

ORIGINAL-NOT NEGOTIABLE