|  |  |  |
| --- | --- | --- |
| **BranchName** | **Work Ticket:** **WorkticketNo** | Logo |
| **Address** | **Service Date:** **ServiceDate** |
| **Order Number:** **OrderNo** |
| **BranchPhone** | **DOT No.:** |
| **Shipper:** **Shipper** | **Salesperson:** **Sales** | **Coordinator:** **Coord** |
| **Email:** **Email** | **Pack:** **Pack -** **Pack2** | **Load:** **Load -** **Load2** | **Del.:** **Del -** **Del2** |
| **Estimated Weight:** **EstWt** | **Estimated Miles:** **Miles** | **Tariff:** **Tariff** |
| **Origin** | **Valuation:** The customer (shipper) signing the contract must insert in the space below either his/her declaration of the actual value of the shipment or “$.60 per lb. per article”.**[ ] Option 1: Released Value Protection (Default):**Goods will be valued at the $.60 per pound per article. This is the carrier’s minimum liability. There is no additional charge for this level of protection.**[ ] Option2: Replacement Cost Protection:**Goods will be valued at a minimum of $6.00 times the actual weight of the shipment in pounds, $10,000 or declared lump sum (whichever is higher) by checking and initialing one of the following boxes. |
| Address: | **OrgServAddress** |
| Cell: CellSp. Cell: SpCell | Home: HomePhWork: WorkPh |
| **Destination** |
| Address: | **DestServAddress** |
| Home Phone: DestHome | Work Phone: DestWork |
| Deductible: |  | $0 |  | $250 |  | $1000\* |  |  |
| **Billing Information:****Payment Type:** **PayType****Customer****CustAddress,** **City,** **St** **Zip****Purchase Order:** **PoNo** |  (initials) |
| \*Commercial Only |
| **Shipper hereby releases the entire shipment to a value not exceeding:** |
|  | **$** |  |
| SHIPPER – IMPORTANT – READ WHAT YOU ARE SIGNING |
|  |  |  |  |
| Card Holder Signature Date |  Signed Date |
|  |
| Service Type | Quantity | Est. Hours | Crew Size | Rate Reg. | Reg Hours | O/T Rate | O/T Hours | Total Amount |
| ServiceDesc |  | EstHrs | NoCrew |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |
| Estimate Start Time: StartTime | Estimated End Time: EndTime |
|  |
| ServiceContainers | ACTUALS | Mat’l | Count | Mat’l | Count |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| Crew |
|  |
| Equipment |
|  |
| Whse. Handling | Lbs: | Per CWT: | Balance |
| Storage | Lbs: | Per CWT: |  |

|  |
| --- |
| **Service Instructions:** **ServiceInstructions** |
| **Special Instructions Origin:** SpecOrig |
| **Special Instructions Dest:** SpecDest |

***Payment is required upon the receipt of your shipment. Payment will be accepted in the form of cash, money order, check, traveler’s checks or cashiers check. When you provide a check as payment, you authorize*** ***Branch either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.***

**Delivery Acknowledgment:**

Shipment was received in apparent good condition except as noted on the work ticket and services ordered were performed.

Signed: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_