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| **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: Cell  Sp. Cell: SpCell | | | | | | | | | Home: HomePh  Work: 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Card Holder Signature Date | | | | | | | | | | | | | | | | | | | Signed Date | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Service Type | | | | | | Quantity | | Est. Hours | | | | Crew Size | | | | Rate Reg. | | | | | | Reg Hours | | | | | | | O/T Rate | | | | | | | | O/T Hours | | | | Total Amount | | | |
| ServiceDesc | | | | | |  | | EstHrs | | | | NoCrew | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | $ | | | |
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| Estimate Start Time: StartTime | | | | | | | | | | | | | | | | | Estimated End Time: EndTime | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ServiceContainers | | | | | | | | | | | | | | | A  C  T  U  A  L  S | | | Mat’l | | | | | | Count | | | | | | Mat’l | | | | | | | | Count | | | | |
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| Crew | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Whse. Handling | | | | | | Lbs: | | | | | | | Per CWT: | | | | | | | | | | | | | | | | | | | | | Balance | | | | | | | | | |
| Storage | | | | | | Lbs: | | | | | | | Per CWT: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_