



U.S. DOT NO. 076235 • ALLIED VAN LINES, INC. • P.O. BOX 4403 • CHICAGO, IL 60680 • PHONE (630) 570-3000

AGENT FOR ALLIED VAN LINES, INC.

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

SHIPPER (PERSON OR COMPANY PAYING CHARGES) (PHONE) _____
A/C (OWNER OF GOODS - MAY BE THE SAME) _____
BILL TO: _____ ACCT. PROFILE NO. _____

PREPAID C.O.D. CHARGE CASHIER'S CHECK CASH CREDIT CARD
IF PAID BY CREDIT CARD AMEX VISA MC OTHER _____

ORIGIN
SHIPPER (OWNER OF GOODS) (PHONE) _____
LOADING ADDRESS _____
CITY/STATE/ZIP _____
AGREED PACKING DATES _____
LOADING PERIOD _____
DELIVERY PERIOD _____

DESTINATION
SHIPPER (PHONE) _____
DELIVERY ADDRESS _____
CITY/STATE/ZIP _____
IF NECESSARY, NOTIFY (PHONE) _____
ADDRESS _____

Sample page

CARRIER IS AUTHORIZED TO PERFORM ADD'L. SERVICES AS INDICATED
TRANSPORTATION CHARGES WILL BE BASED ON A MINIMUM WEIGHT OF 1,000 LBS.

TRANSPORTATION CHARGE IS \$ _____ EXCLUSIVE OF ADDITIONAL SERVICE CHARGES.
 EXPEDITED SERVICE ORDERED BY SHIPPER DELIVER ON OR BEFORE _____ SUBJECT TO 5,000 LBS. MINIMUM CHARGE \$ _____
 EXCLUSIVE USE OF A _____ CU.FT./VEHICLE/ _____ MINIMUM LBS. CHARGE \$ _____ (IF CAPACITY OF VEHICLE ORDERED IS 1,400 CU.FT. OR LESS, MINIMUM CHARGE WILL BE \$100 (1,800 LBS.))
 SPACE EXCLUSIVE USE OF A _____ CU.FT. ORDERED _____ MINIMUM LBS. CHARGE \$ _____ (MINIMUM CHARGE SHALL BE BASED ON 2,100 LBS.)
PACKING REQUESTED: FULL CUSTOM NONE
UNPACKING REQUESTED: FULL CUSTOM NONE
STORAGE IN TRANSIT: ORIGIN DESTINATION NONE
AT _____ WAREHOUSE FOR _____ DAYS
APPLIANCE SERVICE: ORIGIN DESTINATION NONE
LIST APPLIANCES: _____
 ADVANCE NOTIFICATION OF CHARGES TO: _____
OTHER SERVICES REQUESTED (EXPLAIN) *Intl deductible*

APPOINTMENT OF SHIPPER'S AGENT
IF UNABLE TO BE PRESENT AT ORIGIN AT TIME OF LOADING, I HEREBY AUTHORIZE (NAME) _____ (PHONE) _____
ADDRESS _____ (PHONE) _____
CITY/STATE/ZIP _____

TO ACT AS MY AGENT, TO TENDER MY SHIPMENT TO THE CARRIER, TO RELEASE AND DECLARE ITS VALUE, AND TO HANDLE ALL OTHER DETAILS INCIDENTAL TO THE MOVE.

SHIPPER X
SHIPPER'S DECLARATION OF VALUE

THIS IS A TARIFF LEVEL OF CARRIER LIABILITY—IT IS NOT INSURANCE. You must select in your own handwriting one of the following two options for your shipment. The option you select establishes our maximum liability for your goods subject to the rules contained in our applicable tariffs.

OPTION 1: Extra Care Protection Plan. If any article is lost, destroyed or damaged while in our custody, we will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by us, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. An additional charge applies for Option 1 as contained in our applicable tariffs.

To select Option 1, you must write on the line below, either a lump sum dollar amount for the value of your shipment that may not be less than \$5000, or an amount per pound that may not be less than \$5.00 per pound, whichever is greater.

The value of my shipment is: _____
You must also select one of the following deductible amounts that will apply for your shipment.
No Deductible (_____) Initial \$250 Deductible (_____) Initial \$500 Deductible (_____) Initial

OPTION 2: Released Value of 60 Cents Per Pound Per Article. If any article is lost, destroyed or damaged while in our custody, our liability is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. *It is far less than the average value of household goods.*

To select Option 2, you must write, on the line below, the words "60 cents per pound."
The value of my shipment is: _____

Your signature is required here: I acknowledge that I have declared a value for my shipment and selected a deductible amount, if appropriate, and received a list of charges showing the various brackets of value available to me.
SHIPPER'S SIGNATURE _____ DATE _____

LOCATION OF CERTIFIED SCALE TO BE USED AT ORIGIN

NOTE: SHIPPER HAS THE RIGHT TO OBSERVE ALL WEIGHINGS AND HEREBY REQUESTS TO BE PRESENT AT THE TIME OF WEIGHING.

SHIPPER'S SIGNATURE _____ X

AVL SERVICE AGENTS
ORIGIN AGENT: _____ CODE: _____
CITY/STATE: _____ PHONE: (_____) _____
DESTINATION AGENT: _____ CODE: _____
ADDRESS: _____
CITY/STATE: _____ PHONE: (_____) _____
BOOKING AGENT: _____ CODE: _____
CITY/STATE: _____ PHONE: (_____) _____
SIGNATURE OF CARRIER'S ISSUING AGENT: X _____ DATE _____

EXTRAORDINARY VALUE ARTICLE DECLARATION

I ACKNOWLEDGE THAT YOUR LIABILITY FOR LOSS OF OR DAMAGE TO ANY ARTICLE IN EXCESS OF \$100 PER POUND WILL BE LIMITED TO \$100 PER POUND FOR EACH POUND OF SUCH LOST OR DAMAGED ARTICLE (BASED ON ACTUAL ARTICLE WEIGHT) NOT TO EXCEED THE DECLARED VALUE OF THE ENTIRE SHIPMENT. HOWEVER IF I PREPARE AN INVENTORY OF ITEMS VALUED IN EXCESS OF \$100 PER POUND PER ARTICLE INCLUDED IN MY SHIPMENT AND GIVE A COPY OF THAT INVENTORY TO YOUR REPRESENTATIVE PRIOR TO LOADING, AND RETAIN A COPY FOR MYSELF, THE LIABILITY OF ANY ARTICLE LISTED CAN EXCEED \$100 PER POUND, BUT MAY NOT EXCEED THE DECLARED VALUE OF THE ENTIRE SHIPMENT. THIS EXTRAORDINARY VALUE ONLY APPLIES IF I HAVE SELECTED EXTRA CARE PROTECTION.

SHIPPER _____ DATE _____
1. AMOUNT OF ESTIMATED CHARGES \$ _____
2. THE MAXIMUM AMOUNT YOU WILL BE REQUIRED TO PAY ON DELIVERY IS 110% OF A NON-BINDING OR 100% OF A BINDING ESTIMATE, IN THIS CASE: \$ _____
3. PAYMENT OF THIS AMOUNT WILL BE REQUIRED IN THE FORM AGREED UPON ABOVE. THE FORM OF PAYMENT MAY NOT BE CHANGED EXCEPT IN WRITING EXECUTED PRIOR TO LOADING.
4. YOU ARE OBLIGATED TO PAY THE BALANCE OF THE TOTAL CHARGES, WHICH WILL BE INVOICED OR CHARGED AS AGREED, AFTER 30 DAYS AFTER DELIVERY.

I HEREBY AUTHORIZE INDICATED SERVICES TO BE PERFORMED:
DATE _____ SIGNATURE OF SHIPPER OR REPRESENTATIVE _____
X

If purchasing valuation amount
Intl deductible
If not purchasing extra valuation write 60¢ lbs

Sign here & date

