

# ORDER FOR SERVICE



REGISTRATION NUMBER

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**  
 CONSIGNEE (PHONE) \_\_\_\_\_  
 DELIVERY ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 IF NECESSARY, NOTIFY (PHONE) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

**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/ (IF CAPACITY OF VEHICLE ORDERED IS 1,400 CU. FT. OR LESS, MINIMUM CHARGE SHALL BE BASED ON 9,900 LBS.) \_\_\_\_\_ LBS. CHARGE \$ \_\_\_\_\_
- SPACE EXCLUSIVE USE OF A \_\_\_\_\_ CU.FT. ORDERED (IF SPACE ORDERED IS 300 CU. FT. OR LESS, MINIMUM CHARGES SHALL BE BASED ON 2,100 LBS.) \_\_\_\_\_ LBS. CHARGE \$ \_\_\_\_\_

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) \_\_\_\_\_

**APPOINTMENT OF SHIPPER'S AGENT**

IF UNABLE TO BE PRESENT AT ORIGIN AT TIME OF LOADING, I HEREBY AUTHORIZE (NAME) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ (PHONE) \_\_\_\_\_

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 hand-writing 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 (\_\_\_\_\_) \$250 Deductible (\_\_\_\_\_) \$500 Deductible (\_\_\_\_\_) Initial Initial 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 WEIGHING 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

