



ORDER FOR SERVICE

REGISTRATION NUMBER

U.S. DOT NO. 076235 • ALLIED VAN LINES, INC. • P.O. BOX 988 • FORT WAYNE, IN 46801 • PHONE (800) 470-2851

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. **2500 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/ _____ LBS. CHARGE \$ _____
(IF CAPACITY OF VEHICLE ORDERED IS 1,400 CU. FT. OR LESS, MINIMUM CHARGE SHALL BE BASED ON 9,800 LBS.)

☐ SPACE _____ CU.FT. ORDERED _____ LBS. CHARGE \$ _____
(IF SPACE ORDERED IS 300 CU. FT. OR LESS, MINIMUM CHARGES 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) _____

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 _____

APPOINTMENT OF SHIPPER'S AGENT

IF UNABLE TO BE PRESENT AT ORIGIN AT TIME OF LOADING, I HEREBY

AUTHORIZE (NAME) _____

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 _____

CORPORATE CONTRACT CUSTOMERS ONLY - LEVEL OF VALUATION

THE CONTRACT BETWEEN YOUR EMPLOYER AND THE CARRIER DEFINES THE LEVEL OF CARRIER LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS. IF THAT LEVEL OF PROTECTION IS SUFFICIENT FOR YOUR HOUSEHOLD GOODS, PLEASE INITIAL HERE: _____ (Customer Initials).

IF YOU WISH TO DECLARE A HIGHER LEVEL OF PROTECTION FOR YOUR HOUSEHOLD GOODS THAN WHAT IS DEFINED IN YOUR EMPLOYER'S CONTRACT AND THAT VALUE HAS BEEN AUTHORIZED BY YOUR EMPLOYER, INDICATE THAT VALUE HERE: \$ _____ AND SIGN. IF YOU SELECT A HIGHER LEVEL OF PROTECTION THAN SPECIFIED IN YOUR EMPLOYER'S CONTRACT, IT MAY RESULT IN ADDITIONAL VALUATION CHARGES.

SHIPPER X _____ DATE _____

ESTIMATED COST OF SERVICES

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 _____

1. ORIGINAL - VANLINE

Booker/Origin Agents insert AVL Reg. No. and attach to shipping documents. Must be affixed to No. 1 copy of F/B and forwarded to AVL Shipment Processing.



OFS

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