



northAmerican®

# ORDER FOR SERVICE

REGISTRATION NUMBER

U.S. DOT NO. 070851 • NORTH AMERICAN VAN LINES, INC. • P.O. BOX 988 • FORT WAYNE, IN 46801-0988 • PHONE 1-800-348-2111

AGENT FOR NORTH AMERICAN 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 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 SHALL BE BASED ON 9,800 LBS.)

SPACE EXCLUSIVE USE OF A \_\_\_\_\_ CU.FT. ORDERED \_\_\_\_\_ MINIMUM 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) \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### NAVL 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 \_\_\_\_\_

### 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



OFS