

**ZIP TRANSPORT & SERVICES, INC.  
DBA FORWARD VAN LINES**  
2699 STIRLING ROAD, SUITE C-306-B FORT LAUDERDALE, FL 33312  
TOLL FREE: 1-855-7-FORWARD • FAX: 954-200-6830  
www.ForwardVanLines.com • info@ForwardVanLines.com

33030

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

SHIPPER Rachel Walker  
ADDRESS 740 S. Powerline Rd  
FLOOR \_\_\_\_\_ ELEV. \_\_\_\_\_ TEL: \_\_\_\_\_  
CITY Deerfield Beach STATE FL  
CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY)

CONSIGNEE TO Rachel Walker  
ADDRESS 15 Ocean Ave  
FLOOR \_\_\_\_\_ ELEV. \_\_\_\_\_ TEL: \_\_\_\_\_  
CITY Monmouth Beach STATE NJ  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN

PACKING DATE REQUESTED <u>7/16/13</u> (if applicable)	AGREED PICKUP DATE <u>7/16/13</u> (if applicable)	GUARANTEED PICKUP DATE <u>7/16/13</u> (if applicable)	AGREED DELIVERY DATE or period of time <u>N/A</u> (if applicable)	GUARANTEED DELIVERY DATE (if applicable) <u>N/A</u> Daily Allowance	GUARANTEED SERVICE DATES (if applicable)
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## SHIPPER'S CONTACT EN ROUTE

NAME Candice Bernstein % RACHEL WALKER  
ADDRESS 740 S. Powerline  
CITY Deerfield Bch STATE FL PHONE 561.886.7627

## SERVICES (AS APPLICABLE)

## CHARGES

Transportation FROM <u>FL</u> TO <u>NJ</u>	<u>3960</u>
Origin/Destination Fee	<u>396</u>
Fuel Surcharge	<u>265</u>
Containers, Packing & Unpacking	
Storage-In-Transit at Location _____	
Date In _____ Date Out _____	
SIT Pickup and Delivery	
Extra Pickups or Deliveries No. _____ at _____	
Extra Labor, Special Services or Waiting Time	
Bulky Articles	
Additional Weight Additives	
Advanced Charges	
Shuttle Service	
Self-Storage/Mini-Warehouse Pickups or Deliveries	
Overtime Pickups or Deliveries	
Other Additional Services	

Shipment subject to a minimum of ..... \$ .....

BINDING ESTIMATE CHARGES  YES  NO

Transportation \_\_\_\_\_ Dest. Services \_\_\_\_\_

Origin Service \_\_\_\_\_ Storage. \_\_\_\_\_

Total Charges \_\_\_\_\_

Total Charges above cover only the articles and services indicated on the estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for \_\_\_\_\_ days from date of signing.

Non-Binding Estimated Charges \_\_\_\_\_

110% Collection Option (COD) \_\_\_\_\_

**BALANCE WILL BE BILLED 30 DAYS AFTER DELIVERY**

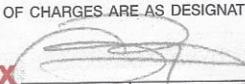
Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check

Payable To \_\_\_\_\_

BILLING INFORMATION Type of Shipment  Chg.  P.P.D.  C.O.D.

NAME RACHEL WALKER  
ADDRESS 15 Ocean Ave.  
CITY Monmouth Bch STATE NJ

THE SHIPPER (OR HIS REPRESENTATIVE) BY HIS SIGNATURE HEREBY ORDERS THE SERVICES OUTLINED HEREIN TO BE PERFORMED ON HIS BEHALF; AND FURTHER ACKNOWLEDGES THAT ALL ARRANGEMENTS REGARDING CONTACT WHILE EN ROUTE AND/OR AT DESTINATION, METHOD OF PAYMENT, AND NOTIFICATION OF CHARGES ARE AS DESIGNATED BY HIM.

7/16/13 X 

SHIPPER'S REPRESENTATIVE

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFIED.

7/16/13 X 

CARRIER'S REPRESENTATIVE