

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 <u>Rachel Walker</u>	CONSIGNEE TO <u>Rachel Walker</u>
ADDRESS <u>7410 S. Powerline Rd</u>	ADDRESS <u>15 Ocean Ave</u>
FLOOR _____ ELEV. _____ TEL: _____	FLOOR _____ ELEV. _____ TEL: _____
CITY <u>Deerfield Beach</u> STATE <u>FL</u>	CITY <u>Monmouth Beach</u> STATE <u>NJ</u>
CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY) _____	

NAME _____	CITY _____	STATE _____	PHONE _____
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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 or period of time <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>	GUARANTEED SERVICE DATES (if applicable) <u>N/A</u>
Daily Allowance _____					

SHIPPER'S CONTACT EN ROUTE	SERVICES (AS APPLICABLE)	CHARGES
NAME <u>Candice Bernstein % RACHEL WALKER</u>	Transportation FROM <u>FL</u> TO <u>NJ</u>	<u>3960</u>
ADDRESS <u>740 S. Powerline</u>	Origin/Destination Fee	
CITY <u>Deerfield Bch</u> STATE <u>FL</u> PHONE <u>501.886.7627</u>	Fuel Surcharge	<u>396</u>
	Containers, Packing & Unpacking	<u>265</u>
	Storage-In-Transit at Location _____	
	Date In _____ Date Out _____	

SHIPPER'S CONTACT AT DESTINATION
NAME <u>RACHEL WALKER</u>
ADDRESS <u>15 Ocean Ave</u>
CITY <u>Monmouth Bch</u> STATE <u>NJ</u> PHONE <u>501.275.8102</u>

SHIPPER DOES NOT ☐ DOES ☐ REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT:
NAME _____

ADDRESS _____
CITY _____ STATE _____ PHONE _____

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
ATTENTION OF: _____

ADDITIONAL INFORMATION:

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.

DATE 7/16/13 X [Signature] 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.

DATE 7/16/13 X [Signature] CARRIER'S REPRESENTATIVE