

ICC MC #327506
US DOT #709590

ZIP TRANSPORT SERVICES, INC.
DBA FORWARD VAN LINES
2699 STIRLING ROAD, SUITE C-305-B FORT LAUDERDALE, FL 33312
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33030

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

CONNECTING OR INTERLINING CARRIER (IF ANY)		ADDRESS		PHONE	
RECEIVED, subject to classifications, tariffs, rules and regulations including all terms printed or stamped hereon or on the reverse side hereof in effect on the date of issue of this bill of lading					
SHIPPER <u>Rachel Walker</u> DATE <u>7/16/13</u>		CONSIGNEE TO <u>Rachel Walker</u>			
ADDRESS <u>740 S. Powerline Rd</u>		ADDRESS <u>15 Ocean Ave</u>			
FLOOR _____ ELEV. _____ TEL. _____		FLOOR _____ ELEV. _____ TEL. _____			
CITY <u>Deerfield Beach</u> COUNTY _____ STATE <u>FL</u>		CITY <u>Monmouth Beach</u> COUNTY <u>07750</u> STATE <u>NJ</u>			
ACTUAL PICKUP DATE <u>7/16/13</u>	AGREED PICKUP DATE <u>7/16/13</u> (if applicable)	GUARANTEED PICKUP DATE <u>N/A</u> (if applicable)	AGREED DELIVERY DATE <u>N/A</u> (if applicable)	GUARANTEED DELIVERY DATE <u>N/A</u> (if applicable)	

NOTIFICATION OF CHARGES		Tariff <u>FM-4002</u> I waive my right to observe the re-weigh of this shipment. <u>7/16/13</u> Signature _____ Date _____	Gross _____ Tare _____ Net _____ Min. Wt. _____	ORIGINAL REWEIGH
SHIPPER REQUESTS NOTIFICATION OF ACTUAL CHARGES TO (C.O.D. SHIPPERS ONLY) PARTY SHOWN BELOW <input type="checkbox"/> NOTIFY <u>RACHEL WALKER</u> ADDRESS <u>15 OCEAN, BEACH, NJ</u> TEL. <u>561.275.8102</u>				

IN CASE OF DELAY, OR IF CHARGES EXCEED ESTIMATE BY MORE THAN 10% NOTIFY <u>RACHEL WALKER</u> ADDRESS <u>15 OCEAN, NJ</u> TEL. <u>561.275.8102</u>		SERVICES (AS APPLICABLE)		CHARGES
Payment in Cash or Certified Check, Money Order, Traveler's Check or Cashier's Check		Transportation FROM <u>FL</u> TO <u>NJ</u>		<u>3960.</u>
BILLING INFORMATION		Origin/Destination Fee		<u>396</u>
NAME <u>RACHEL WALKER</u>		Fuel Surcharge		<u>396</u>
ADDRESS <u>15 OCEAN AVE</u>		Containers, Packing & Unpacking		
CITY & STATE <u>Monmouth Beach, NJ</u>		Storage-In-Transit at Location _____ Date In _____ Date Out _____		
ATTENTION OF <u>RACHEL WALKER</u>		SIT Pickup and Delivery		
Notice: Carrier's tariffs, by this reference, are made a part of the bill of lading and may be inspected at carrier's facility, or, on request, carrier will furnish a copy of any tariff provision containing carrier's rates, rules or charges governing the shipment.		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		

SPECIAL SERVICES		FULL AND CUSTOM CONTAINER SERVICE (AS APPLICABLE)	
<input type="checkbox"/> EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE _____		NOTE: For shipments with origin/destination in California; Customer agrees that title to all packing materials and other property sold to customer passes to customer prior to the transportation of such property to the customer by carrier. The sale price of the containers and container material is \$ _____. This sale price is included in the total packing service charge.	
<input type="checkbox"/> SHIPMENT COMPLETELY OCCUPIED A _____ CU. FT. VEHICLE			
<input type="checkbox"/> EXCLUSIVE USE OF A _____ CU. FT. VEHICLE ORDERED			
<input type="checkbox"/> SPACE RESERVATION _____ CU. FT. ORDERED			
<input type="checkbox"/> _____			

AGENT AND SERVICE DATA		Agt. Code No.	FULL SERVICE	CONTAINERS & PACKING \$	UNPACKING \$
DATE LOADED AT RES.) BY _____			CUSTOM SERVICE	CONTAINERS & PACKING	UNPACKING
DATE LOADED AT WHSE.) BY _____			CARTON DESCRIPTION	QUANTITY	QUANTITY
BOOKED BY _____			DISH PACKS		
ORIGIN AGENT _____			CARTONS Less Than 3 cft.		
PACKED BY _____			CARTONS 3 cft.		
HAULER 1 _____			CARTONS 4.5		
FROM TO _____			CARTONS 6		
HAULER 2 _____			CARTONS 6.5		
FROM TO _____			WARDROBE, CTN.		
UNPACKING BY _____			CRIB MATTRESS CTN.		
DATE DELIVERED DRIVER _____			MATTRESS CTN., TWIN/TWIN LONG		
			MATTRESS CTN., DOUBLE (NOT EXCEEDING 54" X 75")		
			MATTRESS CTN., KING/QU. (EXCEEDING 54" X 75")		
			HEAVY DUTY		
			OTHER		
			TOTAL CONTAINERS & PACKING \$ <u>115</u>	TOTAL UNPACKING \$ _____	

THE CONSUMER MUST SELECT ONE OF THESE OPTIONS		+150 265 Exter	41.471
FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS			
CUSTOMER'S DECLARATION OF VALUE: THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE			
OPTION 1 - The Cost Estimate that you receive from your mover MUST INCLUDE Full (Replacement) Value Protection for the articles that are included in your shipment. If you wish to waive the Full (Replacement) Value Protection you must complete the WAIVER of Full (Replacement) Value Protection shown below. Full (Replacement) Value Protection is the most comprehensive plan available for protection of your goods. If any article is lost, destroyed or damaged while in your mover's custody, your mover will, at its option, either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, 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. Under Full (Replacement) Value Protection, if you do not declare a higher replacement value on this form prior to the time of shipment, the value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of \$6,000. Under this option the cost of your move will be composed of a base rate plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment. If you wish to declare a higher value for your shipment than these default amounts, you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate.			
The Total VALUE of my shipment is: \$ _____ (to be provided by the Customer)			
		Minimum Weight or Volume Charge	
		Terms & Conditions for Payment of Total Charges Charges <input type="checkbox"/> Prepaid <input type="checkbox"/> C.O.D. <input type="checkbox"/> to be paid Cash, Certified Check or Money Order	
		Maximum amount to be paid at time of delivery to obtain delivery of an estimated C.O.D. shipment	
		BALANCE DUE (30 Working Days, Credit Extended if Requested)	
		Prepayment Collected By <u>-447.10</u>	
		BALANCE DUE <u>41.023.90</u> PM + 150	
		<u>41173.90</u>	