



U.S. DOT No. 125550

# ADDITIONAL SERVICES PERFORMED

CUSTOMER \_\_\_\_\_



REGISTRATION NUMBER

**CUSTOMER NOTE:** Additional services may require the assessment of extra charges. This form will accompany your shipment from origin to destination. Your initials in the appropriate boxes will indicate your agreement to the additional services performed at each point.

SPECIAL SERVICES		COMPLETED AT ORIGIN		COMPLETED AT DESTINATION	
1. PIANO/ORGAN INDICATE NUMBER _____	PIANO FLIGHTS _____	# FLIGHTS INSIDE _____ # STPS/FLTS OUTSIDE _____ / _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	# FLIGHTS INSIDE _____ # STPS/FLTS OUTSIDE _____ / _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
2. IS RESIDENCE A SINGLE FAMILY DWELLING? (If yes, inside flights & elevator do not apply)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2A. ELEVATOR WT @ ORIGIN _____ WT @ DEST _____ WT @ EX P/U _____ WT @ EX DEL _____		<input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
2B. STAIR CARRY CHARGE WT @ ORIGIN _____ WT @ EX P/U _____ WT @ DEST _____ WT @ EX DEL _____ *1st FLIGHT MUST HAVE AT LEAST 8 STEPS		# FLIGHTS INSIDE* _____ # STPS/FLTS OUTSIDE _____ / _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	# FLIGHTS INSIDE* _____ # STPS/FLTS OUTSIDE _____ / _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
3. LONG CARRY/EXCESSIVE DISTANCE INCLUDE THE "FREE" 75 FT. IN THE NUMBER OF FEET RECORDED	WT @ ORIG _____ FT WT @ DEST _____ FT WT @ EX P/U _____ FT WT @ EX DEL _____ FT	CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
<b>(SERVICES 1 THROUGH 3 PROVIDED AT NO EXTRA CHARGE UNDER TARIFF 400N)</b>					
4. EXTRA LABOR FOR THE PERFORMANCE OF SERVICES FOR WHICH SPECIFIC RATES ARE NOT PUBLISHED IN TARIFF (EXCEPT PACKING/UNPACKING RELATED LABOR. SEE PACKING SERVICES REPORT)	PURPOSE _____	# OF WORKERS _____ HRS PER WORKER _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	# OF WORKERS _____ HRS PER WORKER _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
5. OVERTIME INDICATE NUMBER _____	LOADING/UNLOADING _____ TIME BEGAN _____ TIME FINISHED _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ OT PACKING <input type="checkbox"/> YES <input type="checkbox"/> NO CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ OT UNPACKING <input type="checkbox"/> YES <input type="checkbox"/> NO CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
6. WAITING TIME _____ HOURS FREE TIME ALLOWED AGENT AUTH. BY _____ EXPLANATION _____ # OF WORKERS (WAITING TIME LABOR) _____	ACTUALLY STARTED WAITING TIME _____ COMPLETED WAITING TIME _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
7. AUXILIARY SERVICE # OF WORKERS (AUX. SERVICE LABOR) _____ (NOTE: TIME SHOULD NOT INCLUDE UNPACKING) AGENT PROVIDING LABOR _____ AGENT PROVIDING VAN _____	TIME BEGAN _____ TIME FINISHED _____	_____ WEIGHT DATE _____ _____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ WEIGHT DATE _____ _____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____		
8. BULKY ARTICLES AUTO/TRUCK _____ SPORT/UTILITY VAN _____ MOTORCYCLE _____ CC _____ TRACTOR/RIDING MOWER _____ HP _____	PLAYHOUSE/SHED _____ CAMPER (UNMOUNTED) _____ SNOW MOBILE/GOLF CART _____ TRAILER _____ FARM EQUIPMENT _____	SATELLITE DISH _____ FT PIANO/ORGAN _____ HOT TUB/SPA _____ OTHER _____ CUSTOMER INITIALS _____			
9. WEIGHT ADDITIVE CANOE _____ FT BOAT _____ FT	CUSTOMER INITIALS _____ BOAT TRAILER _____ FT SAILBOAT _____ FT	TRAVEL CAMPER _____ FT OTHER _____ FT			
10. EXTRA PICKUP WEIGHT _____ ADDRESS _____ CITY _____ STATE _____	CUSTOMER INITIALS _____	EXTRA DELIVERY WEIGHT _____ ADDRESS _____ CITY _____ STATE _____	CUSTOMER INITIALS _____		
11. BRIDGE/FERRY CHARGES (PER TARIFF) FROM: CITY _____ ST/PROV. _____	LOCATION OF BRIDGE/FERRY TO: CITY _____ ST/PROV. _____				
12. SELF STORAGE/MINI WAREHOUSE PICKUP WEIGHT _____ CITY _____ STATE _____ AGENT CODE _____ CUSTOMER INITIALS _____		SELF STORAGE/MINI WAREHOUSE DELIVERY WEIGHT _____ CITY _____ STATE _____ AGENT CODE _____ CUSTOMER INITIALS _____			
<b>SHIPMENT INFORMATION:</b> PICKUP DATE _____ TIME BEGAN LOADING _____ AM/PM TIME FINISHED LOADING _____ AM/PM DELIVERY DATE _____ TIME BEGAN UNLOADING _____ AM/PM TIME FINISHED UNLOADING _____ AM/PM DELIVERY ADDRESS _____ CITY _____ STATE _____ ZIP _____					
CUSTOMER HAS BEEN GIVEN A COPY OF THIS COMPLETED FORM MARKED AND INITIALED TO SHOW SERVICES PERFORMED. DELIVERING AGENT/HAULER CODE _____ DATE _____			I HAVE RECEIVED A COPY OF THIS FORM INITIALED BY ME TO AUTHORIZE PERFORMANCE OF SERVICES SPECIFIED. LOSS AND DAMAGE SHOULD BE INDICATED ON THE CUSTOMER CHECK-OFF SHEET. CUSTOMER INITIALS _____ DATE _____		