

IMPORTANT CUSTOMER INFORMATION

Customer Check Off Sheet



Customer: _____

Imlach Group, Inc.
28349 Fort St.
Trenton, MI 48183
(800) 876-5763

Tag Color: _____

Lot Number: _____

Registration No.: _____

This is an item check-off list used to assist in verifying all items on your inventory were received. Please describe any loss or damage on this form.

001	026	051	076	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	476	List of Items Received /w No Tags	Tag No. Not Checked Off
002	027	052	077	102	127	152	177	202	227	252	277	302	327	352	377	402	427	452	477		
003	028	053	078	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	478		
004	029	054	079	104	129	154	179	204	229	254	279	304	329	354	379	404	429	454	479		
005	030	055	080	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	480		
006	031	056	081	106	131	156	181	206	231	256	281	306	331	356	381	406	431	456	481		
007	032	057	082	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	482		
008	033	058	083	108	133	158	183	208	233	258	283	308	333	358	383	408	433	458	483		
009	034	059	084	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	484		
010	035	060	085	110	135	160	185	210	235	260	285	310	335	360	385	410	435	460	485		
011	036	061	086	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	486		
012	037	062	087	112	137	162	187	212	237	262	287	312	337	362	387	412	437	462	487		
013	038	063	088	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	488		
014	039	064	089	114	139	164	189	214	239	264	289	314	339	364	389	414	439	464	489		
015	040	065	090	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	490		
016	041	066	091	116	141	166	191	216	241	266	291	316	341	366	391	416	441	466	491		
017	042	067	092	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	492		
018	043	068	093	118	143	168	193	218	243	268	293	318	343	368	393	418	443	468	493		
019	044	069	094	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	494		
020	045	070	095	120	145	170	195	220	245	270	295	320	345	370	395	420	445	470	495		
021	046	071	096	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	496		
022	047	072	097	122	147	172	197	222	247	272	297	322	347	372	397	422	447	472	497		
023	048	073	098	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	498		
024	049	074	099	124	149	174	199	224	249	274	299	324	349	374	399	424	449	474	499		
025	050	075	100	125	150	175	200	225	250	275	300	325	350	375	400	425	450	475	500		

Damages Noted at Time of Delivery

INV #	Description of Damage	INV #	Description of Damage	INV #	Description of Damage	INV #	Description of Damage

WAS THERE ANY DAMAGE TO YOUR RESIDENCE?

Origin: NO YES / DESCRIPTION: _____

Destination: NO YES / DESCRIPTION: _____

***** BY CHOOSING TO FOREGO MY OPTION TO CHECK OFF (VERIFY) THE ITEMS DELIVERED TO MY RESIDENCE, I UNDERSTAND I AM WAIVING MY RIGHT TO FILE A CLAIM FOR MISSING ITEMS. *****

Customer Signature: _____

I hereby certify that I have presented this form to the customer. Failure to do so will result in 100% chargeback for missing items.

Drivers Signature: _____

This form does not constitute a claim. If there is damage, you can obtain a claim form from Imlach Group by calling (877) 874-4574, or going online to our website www.imlachgroup.com and filling out an online claims report.

Agent/Hauler Code _____

Drivers Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Everything Received? YES NO If not, notify Imlach Movers immediately.

PLEASE READ ENTIRE FORM BEFORE SIGNING