



CUSTOMER CHECK-OFF SHEET

CUSTOMER: _____

ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 252-8885 / (812) 424-2222

TAG COLOR: _____ LOT NUMBER: _____

ATLAS REGISTRATION NO. _____

U.S. DOT No. 125550

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.

Table with 20 columns (1-200) and 25 rows (1-25). Includes columns for 'LIST OF ITEMS RCVD-NO TAGS' and 'TAG NO. NOT CHECKED OFF'.

DAMAGES NOTED AT TIME OF DELIVERY

Table with 4 columns: 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 _____

I CHOOSE TO FOREGO MY OPTION TO CHECK-OFF (VERIFY) THE ITEMS BEING DELIVERED TO MY RESIDENCE. ALL ITEMS LOADED HAVE BEEN RECEIVED AND OBVIOUS LOSS OR DAMAGE HAS BEEN NOTED. CUSTOMER SIGNATURE _____

THIS FORM DOES NOT CONSTITUTE A CLAIM. IF THERE IS LOSS OR DAMAGE YOU CAN OBTAIN A CLAIM FORM FROM ANY ATLAS AGENT, ATLAS HQ (phone number listed below) OR YOU CAN FILE ONLINE AT www.atlasworldgroup.com AGENT/Hauler CODE _____

ATLAS SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____

EVERYTHING RECEIVED? [] YES [] NO - IF NOT, NOTIFY ATLAS HEADQUARTERS IMMEDIATELY. (800) 638-9797

INITIALS _____

ext: 2846 or 2850