


















## Item Transportation Checklist

**PURPOSE:** Prior to accepting customer orders to transport uncrated furniture, equipment and other breakable items, please inspect items and note any visible pre-existing damage or condition. Sign where indicated.

➡ Select similar item, quantity and indicate condition below the item:

QUANTITY / ITEM	QUANTITY / ITEM	QUANTITY / ITEM
 desk _____ CONDITION: _____ _____	 desk chair _____ CONDITION: _____ _____	 _____ copier  _____ printer _____ CONDITION: _____ _____
 file cabinets _____ CONDITION: _____ _____	 boxes _____ CONDITION: _____ _____	 table _____ CONDITION: _____ _____
 sofa _____ CONDITION: _____ _____	 mirrors / pictures _____ CONDITION: _____ _____	 chair _____ CONDITION: _____ _____
 dresser _____ CONDITION: _____ _____	 armoire _____ CONDITION: _____ _____	 chest of drawers _____ CONDITION: _____ _____
 buffet _____ CONDITION: _____ _____	 bed _____ CONDITION: _____ _____	<b>OTHER ITEMS (describe):</b> _____ _____ _____

I certify that the items assigned to Runners, Inc. for transport are in the pre-existing condition as described above and will not hold Runners accountable for these conditions. Please note customer shipments are automatically insured for \$100 unless additional insurance is purchased up to the maximum limit of \$100,000. A charge of \$15 per \$1,000 will be charged if requested.

CUSTOMER SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_  
 (print name)

DATE: \_\_\_\_\_ 2006

DRIVER SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_  
 (print name)

ADDITIONAL INSURANCE: \_\_\_ YES \_\_\_ NO

DRIVER NUMBER: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

TRACKING NO: \_\_\_\_\_ (assigned by Runners, Inc.)