

Customer: _____

Circle one

Pickup / Delivery Date: _____

Circle appropriate

In/Out by (Carrier/Individual) _____

Circle One:

Please permit (access / examination / pickup / delivery) of the goods stored by above stated customer. I agree to pay such labor and other charges, as may become necessary for unpacking and repacking of goods, and warehousing in and out.

Authorizing Agent

Printed Name _____

Signature _____ Date _____

Holmes Van & Storage, Inc.

Mailing Address:

PO Box 149
Napa, CA 94559
ph 707.226.7379

Physical Address:

253 Walnut St. Suite C
Napa, CA 94559
fax 707.226.2424

BoL # _____

* = Lead Warehouseman/Receiver

Employee	Date	Start Time	Stop Time	Work Description
*				

Total Man Hours: _____ * \$ _____ /hr = \$ _____

To be completed by customer					To be completed by Holmes	
Mfr. Name:					Employee Inspection	
Mfr. Pt. #	P.O. #	Article Description	QTY	Sidemark	Exception/Damage	PLT/LOC
Totals						

Notes: _____

I, the undersigned, received the stored goods in good condition;

Print Name _____ Date _____

Signature _____

Data Entered by: