

# Customer Check-Off Sheet

**Kearney Moving Service**  
**2180 25<sup>th</sup> Rd, Kearney, NE 68847**  
**Mail to: P.O. Box 1357, Kearney, NE 68848**

**Customer** \_\_\_\_\_  
**Tag Color:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

REGISTRATION NUMBER
---------------------

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.

1	26	51	76	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	476	List of Items RCVD-No Tags	Tag No. Not Checked Off
2	27	52	77	102	127	152	177	202	227	252	277	302	327	352	377	402	427	452	477	_____	_____
3	28	53	78	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	478	_____	_____
4	29	54	79	104	129	154	179	204	229	254	279	304	329	354	379	404	429	454	479	_____	_____
5	30	55	80	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	480	_____	_____
6	31	56	81	106	131	156	181	206	231	256	281	306	331	356	381	406	431	456	481	_____	_____
7	32	57	82	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	482	_____	_____
8	33	58	83	108	133	158	183	208	233	258	283	308	333	358	383	408	433	458	483	_____	_____
9	34	59	84	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	484	_____	_____
10	35	60	85	110	135	160	185	210	235	260	285	310	335	360	385	410	435	460	485	_____	_____
11	36	61	86	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	486	_____	_____
12	37	62	87	112	137	162	187	212	237	262	287	312	337	362	387	412	437	462	487	_____	_____
13	38	63	88	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	488	_____	_____
14	39	64	89	114	139	164	189	214	239	264	289	314	339	364	389	414	439	464	489	_____	_____
15	40	65	90	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	490	_____	_____
16	41	66	91	116	141	166	191	216	241	266	291	316	341	366	391	416	441	466	491	_____	_____
17	42	67	92	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	492	_____	_____
18	43	68	93	118	143	168	193	218	243	268	293	318	343	368	393	418	443	468	493	_____	_____
19	44	69	94	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	494	_____	_____
20	45	70	95	120	145	170	195	220	245	270	295	320	345	370	395	420	445	470	495	_____	_____
21	46	71	96	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	496	_____	_____
22	47	72	97	122	147	172	197	222	247	272	297	322	347	372	397	422	447	472	497	_____	_____
23	48	73	98	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	498	_____	_____
24	49	74	99	124	149	174	199	224	249	274	299	324	349	374	399	424	449	474	499	_____	_____
25	50	75	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 property damage at:**  
**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 our office by calling (308) 237-2445 or (800) 927-7559.**

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Everything Received?  Yes  No



**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.

1	26	51	76	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	476	LIST OF ITEMS RCVD-NO TAGS	TAG NO. NOT CHECKED OFF
2	27	52	77	102	127	152	177	202	227	252	277	302	327	352	377	402	427	452	477		
3	28	53	78	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	478		
4	29	54	79	104	129	154	179	204	229	254	279	304	329	354	379	404	429	454	479		
5	30	55	80	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	480		
6	31	56	81	106	131	156	181	206	231	256	281	306	331	356	381	406	431	456	481		
7	32	57	82	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	482		
8	33	58	83	108	133	158	183	208	233	258	283	308	333	358	383	408	433	458	483		
9	34	59	84	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	484		
10	35	60	85	110	135	160	185	210	235	260	285	310	335	360	385	410	435	460	485		
11	36	61	86	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	486		
12	37	62	87	112	137	162	187	212	237	262	287	312	337	362	387	412	437	462	487		
13	38	63	88	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	488		
14	39	64	89	114	139	164	189	214	239	264	289	314	339	364	389	414	439	464	489		
15	40	65	90	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	490		
16	41	66	91	116	141	166	191	216	241	266	291	316	341	366	391	416	441	466	491		
17	42	67	92	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	492		
18	43	68	93	118	143	168	193	218	243	268	293	318	343	368	393	418	443	468	493		
19	44	69	94	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	494		
20	45	70	95	120	145	170	195	220	245	270	295	320	345	370	395	420	445	470	495		
21	46	71	96	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	496		
22	47	72	97	122	147	172	197	222	247	272	297	322	347	372	397	422	447	472	497		
23	48	73	98	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	498		
24	49	74	99	124	149	174	199	224	249	274	299	324	349	374	399	424	449	474	499		
25	50	75	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 \_\_\_\_\_

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](http://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



**ATLAS VAN LINES, INC.**  
 1212 St. George Road  
 P.O. Box 509  
 Evansville, IN 47703  
 Tele: (800) 252-8885  
 MC-79658

## RELOCATION SERVICES DESCRIPTIVE INVENTORY

REGISTRATION NUMBER
---------------------

Customer's Name				Page No.	No. of Pages
Origin Address		City	ST	ZIP	Govt Bill of Lading No.
Destination Address		City	ST	ZIP	Van No.

DESCRIPTIVE SYMBOLS	EXCEPTION SYMBOLS	LOCATION SYMBOLS
BW - Black & White TV C - Color TV CP - Carrier Packed PBO - Packed by Owner CD - Carrier Disassembled SW - Stretch Wrapped DBO - Disassembled by Owner PB - Professional Books PE - Professional Equipment PP - Professional Papers MCU - Mechanical Condition Unknown CU - Contents & Condition Unknown	BE - Bent BR - Broken BU - Burned CH - Chipped D - Dented F - Faded G - Gouged L - Loose M - Marred MI - Mildew MO - Motheaten P - Peeling R - Rubbed RU - Rusted SC - Scratched	SH - Short SO - Soiled ST - Stained S - Stretched T - Torn W - Badly Worn Z - Cracked 1. Arm 2. Bottom 3. Corner 4. Front 5. Left 6. Leg 7. Rear 8. Right 9. Side 10. Top 11. Veneer 12. Edge 13. Center 14. Inside 15. Seat 16. Drawer 17. Door 18. Shelf 19. Hardware

**NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR**

ITEM NO.	ARTICLES	CP	SW	PBO	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1		CP	SW	PBO		
2		CP	SW	PBO		
3		CP	SW	PBO		
4		CP	SW	PBO		
5		CP	SW	PBO		
6		CP	SW	PBO		
7		CP	SW	PBO		
8		CP	SW	PBO		
9		CP	SW	PBO		
0		CP	SW	PBO		
1		CP	SW	PBO		
2		CP	SW	PBO		
3		CP	SW	PBO		
4		CP	SW	PBO		
5		CP	SW	PBO		
6		CP	SW	PBO		
7		CP	SW	PBO		
8		CP	SW	PBO		
9		CP	SW	PBO		
0		CP	SW	PBO		
1		CP	SW	PBO		
2		CP	SW	PBO		
3		CP	SW	PBO		
4		CP	SW	PBO		
5		CP	SW	PBO		
6		CP	SW	PBO		
7		CP	SW	PBO		
8		CP	SW	PBO		
9		CP	SW	PBO		
0		CP	SW	PBO		

REMARKS/  
EXCEPTIONS:

Tape Lot No.	Tape Color	Nos. From	Through
--------------	------------	-----------	---------

**Customer's signature at origin confirms the piece count and condition of goods released to carrier.**      **Customer's signature at destination means all items loaded have been received and obvious loss or damage has been noted. Signing the inventory does not waive any right to file a claim.**

<b>At Origin</b>	Customer	Date	<b>At Destination</b>	Customer	Date
	Signature			Signature	
	Carrier	Date		Carrier	Date
	Signature			Signature	
	Agent Code:	Driver Code:		Agent Code:	Driver Code:



**HIGH VALUE INVENTORY FORM**

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

U.S. DOT No. 125550

ATLAS REGISTRATION NO.
------------------------

Customer \_\_\_\_\_

Be sure to complete the description and estimated value sections on this form for all items in your shipment considered to be of high value or that may require additional attention, special packing, crating or handling. If no items are considered to be of high value or in need of additional attention, write **NONE**. Examples of High Value Items or items needing additional attention - Antiques, Art (wall or standing), CDs or DVDs (quantity), clocks, collectibles, collections, computer hardware or software, customized items, designer clothing or wardrobe accessories, exercise equipment, fine china, firearms, high end appliances/furniture, home audio/video system, hot tub, memory foam mattress, piano/musical instruments, silverware, tanning bed, or other high value goods exceeding \$1000.00 in value.

INVENTORY NO. *	DESCRIPTION OF HIGH VALUE ITEMS	ESTIMATED VALUE	NOTES / CONDITION*

\* TO BE COMPLETED BY ATLAS REPRESENTATIVE. TOTAL [ ]

**AT ORIGIN**  
 I CERTIFY THE ABOVE LISTED INFORMATION TO BE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND UNDERSTAND THE STATEMENT OF CUSTOMER RESPONSIBILITIES FORM.

X \_\_\_\_\_  
 SIGNATURE OF CUSTOMER OR CUSTOMER'S REPRESENTATIVE DATE

\_\_\_\_\_  
 SIGNATURE OF ATLAS REPRESENTATIVE AGENT/PVO CODE DATE

**AT DESTINATION**  
 I ACKNOWLEDGE RECEIPT OF ALL ITEMS LISTED ABOVE. ALL ITEMS ARE IN THE SAME CONDITION AS WHEN TENDERED TO ATLAS, UNLESS EXCEPTIONS ARE NOTED ABOVE.

X \_\_\_\_\_  
 SIGNATURE OF CUSTOMER OR CUSTOMER'S REPRESENTATIVE DATE

\_\_\_\_\_  
 SIGNATURE OF ATLAS REPRESENTATIVE AGENT/PVO CODE DATE

**ESTIMATED VALUE DOES NOT DETERMINE THE ACTUAL VALUE OF THE GOODS. SHOULD A LOSS OCCUR, THE ACTUAL VALUE MUST BE ESTABLISHED BY THE OWNER OF THE GOODS. THE PURPOSE OF THIS FORM IS TO ASSIST YOU IN DETERMINING THE TOTAL VALUE OF YOUR SHIPMENT AND TO ASSIST ATLAS IN DETERMINING WHICH ITEMS NEED SPECIAL HANDLING AND PROTECTION.**



RIDER TO INVENTORY

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

U.S. DOT No. 125550

ATLAS REGISTRATION NO.

NOTE: This rider is only for internal use within Atlas.

PAGE OF

CUSTOMER

ORIGIN DESTINATION

GOODS RECEIVED FROM PLACE DATE

GOODS WERE RECEIVED AS NOTED ON INVENTORY EXCEPT AS FOLLOWS:

Note condition of crated items. Indicate if any movement sensors are "tripped".

O/S ITEMS NOT STRETCH-WRAPPED ACCORDING TO ATLAS STRETCH-WRAP POLICY SHOULD HAVE EXCEPTIONS NOTED AND THEN BE STRETCH-WRAPPED.

Table with 5 columns: ITEM NO., ITEM, CONDITION, O/S TENDERED TO YOU STRETCH-WRAPPED YES/NO, SENSOR TRIPPED YES/NO. Multiple empty rows for data entry.

SIGNATURE PARTY MAKING DELIVERY DATE AGENT/PVO CODE

SIGNATURE PARTY ACCEPTING DELIVERY DATE AGENT/PVO CODE

D.C. 218008 (0310) REV. D

COPY 1 (ORIGINAL) - RATING & DISTRIBUTION SERVICES

COPY 2 - PARTY MAKING DELIVERY

COPY 3 - PARTY ACCEPTING DELIVERY

**CUSTOMER NAME:**

---

**CRATE #**

---

**DATE IN:**

---

**OTHER INFO:**

---

---

---

---