Customer Name: Origin Loading Address:			HOUSEHOLD GOODS INVENTORY SHEET Contact Phone:															Page No. Date:	OF	Pages
Destination Address:																		BOL No.		
Pick-up Carrier Name:															Truck No.					
С	Color Television	DESCRIP	DBO	OLS Disassembled by Own	er	BE	Bent		D	Dented		XCEP	TION SYN		Р	Peeling				YMBOLS
CP	Carrier Packet	1	PB	Professional Books		BR	Broker	n	F	Faded		RU	Rust	ed	s	Stretched		3 Corner 10	Right Side Drawe	15 Seat 16 Top r 17 Door
PBO CD	Packed by Ow Carrier Disass		PE PP	Professional Equipment Professional Papers	nt	BU	Burne			Gouge Loose	d	SC	Shor	tched t	W	Torn Badly Worn		4 Front 1: 5 Left 1: 6 Hardware 1:	1 Venee 2 Edge 3 Cente	r 18 Shelf 19 Rear
SW	Stretch Wrapp	ed	CU	Condition Unknown		CU MI	Unkno			Marred Peeling		SO	Soile Stain		z	Cracked		7 Legs 1	4 Inside	
		I		NOTE: Th	e omi				ls ind	dicate		l con	dition e	xcept fo	or nor	mal wear.				
Item No.	Carrier Reference			Articles		Cond a Oriç	ition t gin	Excep a Destin	ptions at nation	1	tem No.	Ca Refe	arrier erence			Articles		Condition at Origin	on 1	Exceptions at Destination
2											2									
3											3									
4											4									
5											5									
6										_	6									
7										_	7									
8											8									
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1											1									
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7										_	7									
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9											9									
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1											1									
2											2									
3										_	3									
4											4									
5 6										_	5 6									
7											7									
8											8									
9										_	9									
0											0									
1											1									
2											2									
3											3									-
4											4									
5											5									
6										_	6							-		
7 8											7 8									
9											9									
Remarks/Exceptions:																				
"We hav	e checked all	the item	s listed an	d numbered 1 to		inclu	isive an	nd ackno	owled	lge tha	t this is	a tru	ie and co	omplete	list of	the goods ten	dered and of the sta	ate of the g	oods	received."
WA	RNIN	G <u> </u>	\Rightarrow	Before signing che describe loss or de above.	ipment, count items and in space on the right			-	Tape I						Tape Color:					
AT	CARRII	ER OR A	AUTHORIZED AGENT SIGNATURE				DATE			1	Nos. Fr		OM: CARRIER OR AUTHORIZED AGENT				Thru: SIGNATURE			DATE
ORIG	i. OWNE	R/CUSTO	MER OR A	AUTHORIZED AGENT S		DATE			DEST	ī.	OWNER/CUSTOMER OR AUTHORIZED AGENT SIGNATURE							DATE		