



"Proudly Serving Military Families"

# **NATIONAL FORWARDING CO., INC.**

2800 ROOSEVELT ROAD – BROADVIEW, ILLINOIS 60155

Telephones: (708) 345-0550 1-800-323-9125

Fax: (708) 345-9112

DATE: February 18, 2010  
TO: Military Agents of National Forwarding and Affiliates  
FROM: Patrick C. Johnson, President  
SUBJECT: **Pre-move Survey Requirement and Unpacking Certification**

We have been carefully monitoring our Customer Satisfaction Scores and following up with our customers to determine the source of any dissatisfaction. I would like to identify two critical issues and the steps we are taking to address them.

## **Pre-move Survey**

All origin agents understand the importance of a timely, complete and accurate pre-move survey and the impact it has on customer satisfaction. I would like to again emphasize its importance and the fact that we will be carefully enforcing the pre-move survey requirement set forth in our compensation schedule and will reduce the origin service commission by five percentage points if the pre-move survey is not completed in accordance with Tender of Service requirements. We will not consider the pre-move survey to be completed unless we receive our Pre-move Survey Certification Form (copy attached) along with a completed Table of Measurements. These documents must be e-mailed or faxed to our office at least seven days prior to the shipment pickup date. If it is a short-notice shipment, the documentation must be received by our office at least one workday prior to the scheduled pickup date. The conditions under which a telephone survey can be conducted are set forth in the Tender of Service and our Military Procedures Manual.

## **Unpacking Services**

Final delivery and unpacking is extremely important to our customers. Please be advised that payment for unpacking will not be made unless unpacking is actually performed, and the unpacking certification set forth on our bill of lading (copy attached) is completed by the customer. If a full unpacking is not performed, a partial unpacking will be paid. Our Move Managers will also be in contact with the customer to confirm service completion.

Thank you for your compliance with these important service requirements. Your assistance is greatly appreciated.

PCJ/lg

# National Forwarding Co., Inc.

**RE: PRE-MOVE SURVEY CERTIFICATION**

Customer:	From:
GBL#:	To:
Our Ref#:	Requested P/U Date:
Reg#/Date	Required Delivery Date:

CUSTOMER: We're glad to have an opportunity to work with you. If you need to contact us for any reason please call us at 800-722-9144. In an after hours emergency please contact us at 888-993-6683. You can reach us by email at [customerinquiry@nationalvanlines.com](mailto:customerinquiry@nationalvanlines.com) (Please refer to our reference number in the subject of your email). An accurate pre-move survey is a cornerstone of a quality move. Please assist us by providing the following information:

Telephone Survey.

1. Are you shipping firearms?            Yes     No
2. When will you be able to accept delivery of your shipment into your home? \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you have a residence established yet? YES / NO (please circle one)
4. If so, what's the address? \_\_\_\_\_
5. Please provide us with any contact numbers you have if we need to reach you while your shipment is in transit:  
 In-transit: \_\_\_\_\_ Destination: \_\_\_\_\_ Other: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Please acknowledge that our agent has completed a pre-move survey of your household goods.  
 Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**O/A  
MUST  
COMPLETE**

OA signature if Telephone Survey.

OA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OA  
MUST  
COMPLETE**

ORIGIN AGENT: Fax a signed copy of this form and the Table of Measurements to our office at 800-645-2920 immediately upon completion.

**No credit for pre-move survey if Table of Measurements does not accompany this form.**

**1. ENTER THE PREMOVE SURVEY WEIGHT HERE: \_\_\_\_\_ LBS.**

**2. Please list any accessorial services here (and call the TO for those that require authorization).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Give a copy of this form to the customer so we can be sure they have our number if they need to reach us.**



# HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

National Forwarding Co., Inc. 2800 Roosevelt Rd. Broadview, IL 60153

Phone: 800-323-9125 Fax: 708-345-3245

www.nationalforwarding.com

"Proudly Serving Military Families"

Reg. Number

OA		DA	
Addr:		Addr:	
City/St/Zip		City/St/Zip	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

**\*\* Driver: Please Contact D/A 24 Hours Prior To Delivery And Confirm Destination Services \*\***

GBL# _____	Req. Delivery Date _____
Issued To _____ SCAC _____	Delivery Addr. _____
PackDate _____ Req.LoadDate _____	City/Ctny/St/Zip _____
Owner's Name _____	Delivery Contact/Notify Name _____
Loading Addr _____	Phone _____ Alt. Phone _____
City/Ctny/St/Zip _____	Intransit Phone _____
Phone _____ Alt.Phone _____	

Origin Base _____ GBLOC _____	Dest. Base _____ GBLOC _____
Phone _____ Fax _____	Phone _____ Fax _____

SHIPMENT MOVES UNDER THE TERMS AND CONDITIONS OF THE SDDC RATE SOLICITATION AND THE GBL PERTAINING TO THIS SHIPMENT.

REMOVE SURVEY MANDATORY		Agent Acct#	Tariff No.	Tender NO.	%Filed	ESTWGT
Booker If Other Than OA			GrossWt. _____	Tare _____	NetWt. _____	Miles _____
Res. Pickup			Full Tariff Rate _____ X %Filed _____ = Billable Rate _____			
Hauler			Billable Rate _____ X NetWt. _____ = Billable L/H _____			
Total Packing By			Add'l Services	Item#	Disc. Rate	Charges
UnPacking By			ATC - Origin	170		
<b>X</b> _____ Date _____ (SHIPPER'S SIGNATURE AT TIME OF P.U. AT RES.)			ATC - Dest.	170		
			Appliance	135		
<b>X</b> _____ Date _____ (DRIVERS'S SIGNATURE AT TIME OF P.U. AT RES.)			Bulky Charge (specify article)	130		
			Long Carry __Origin __Dest.	160		
CONSIGNEE'S ACKNOWLEDGEMENT OF DELIVERY SERVICES COVERED BY THIS BILL OF LADING WERE RENDERED AND SHIPMENT WAS RECEIVED IN GOOD CONDITION, EXCEPT AS NOTED ON INVENTORY.  <b>X</b> _____ Actual Delivery Date _____ (SIGNATURE OF CONSIGNEE ACCEPTANCE FOR RESIDENCE DELIVERY.)			Elev/Stair _Org_ _Dst_ _Flights	160		
			Extra Labor Due __ Org. __ Dst.	120		
			Extra PickUp & Delivery	115		
			Piano/Organ Carry __Org. __Dst.	135		
<b>X</b> _____ (DRIVER'S SIGNATURE FOR DELIVERY TO RES. OR WHSE.)			Total Packing			
			Other			
<b>UNPACKING CERTIFICATION</b> <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> Complete UnPack			TOTAL			

**X** \_\_\_\_\_  
(CONSIGNEE'S SIGNATURE)

ORIGIN AGENT: Please make 4 copies of this document and distribute as follows:

- Original and 2 copies to the driver
- 1 copy to NFC with your invoice and origin papers.
- 1 copy for your files

\_\_\_\_\_ RESIDENTIAL DELIVERY \_\_\_\_\_ WAREHOUSE (PRINT COMPLETE ADDRESS OF WHSE/RESIDENCE)  
 Unloaded At Warehouse Of \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Rcvd. BY \_\_\_\_\_ Date \_\_\_\_\_ S.I.T.# \_\_\_\_\_