



**northAmerican
INTERNATIONAL**

LETTER OF ACCEPTANCE

Owner's Name:

Reg. #

Account

Pick Up Address:

Air Shipment
 Surface Shipment

Delivery Address:

Phone No.:

Contact Address at Destination:Phone No.:

Phone No.:

AMOUNT OF COVERAGE REQUIRED \$ _____ CUSTOMER'S INITIALS _____
I DECLINE TRANSIT COVERAGE AVAILABLE THROUGH NORTH AMERICAN INTERNATIONAL.

Reason: No transit coverage desired Alternatively insured

Owner grants North American International (North American Van Lines) a limited Power of Attorney to act in his name and on his behalf to prepare export documents, to sign and accept documents relating to the shipment and to forward Owner's shipment to its intended destination. Owner further grants North American International dominion and control over his shipment to the extent necessary to route the shipment to destination. The sole responsibility of North American International is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment. Owner's recovery for loss, damage, and/or destruction of the shipment is limited to the amount of transit coverage purchased. Transit coverage arranged by North American International is subject to the terms and conditions of our marine insurance policy. A copy will be made available to Owner upon written request. Owner acknowledges that the exact amount of charges for services performed outside the United States may not be known at the time payment is required and agrees to pay for such services based on estimates provided prior to shipment.

Owner understands that (a) it is my responsibility to ensure no firearms, explosives, destructive devices or hazardous materials, such as aerosol spray cans, matches, paints, ammunition, propane tanks, etc., are loaded in my shipment; (b) my shipment will undergo customs clearance at destination and certain documents may be required. (Hawaii, Alaska, Puerto Rico and US possessions excluded.) I have adhered to all customs regulations required by the destination country; (c) full payment in the form of a cashier's check must be made prior to the release of my belongings unless other billing arrangements have been made; (d) final charges will be based on the actual weight and volume of my goods; and (e) rates are based on normal access at destination unless otherwise noted. Delivery above 2nd floor, long carry or shuttle devices will result in additional charges in destination.

By signing this Letter of Acceptance, Owner agrees to the terms and conditions above.

OWNER'S SIGNATURE: _____ DATE: _____

Social Security Number _____ (For shipments leaving the U.S., the U.S. Government requires this information for the Shipper's Export Declaration.)

SPECIAL INSTRUCTIONS:

My shipment was received in good condition except as noted on inventory.

Date: _____ Consignee _____