

## **CUSTOMER INVENTORY SHEET**

STORE No. INVOICE No.

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					Sheet No.	of Sheets	
Name: 1000	· ston	For Delivery To:	UNDS TAN	Halro ORSX	Hono Hon	ne Pack No's	
iom: My chal	St	Creco	BOOK		1	4	
BOH Well		Nest	Origina	1-DUPUS	13A.	5	
	(TAS)	Phone No.: 3	0445623	01	3	6	
B-BURNED C-CHIPPED R-CRACKED U-CONTENTS or -CONDITION UNKNOWN	D-DENTED F-FADED G-GOUGED LO-LOOSE	DISCREPANCY SYMBOLS M-MARKED ME-MOTH EATEN NS-NOT SEEN PBO-PACKED BY OWNER	PBR-PACKED BY -REMOVER RU-RUBBED R-RUSTED S-SCRATCHED	SO-SOILED ST-STAINED +T-TORN V-VENEER -AS ABOVE	1-ARM 2-BOTTOM 3-CORNER 4-FRONT 5-LEFT	6-LEG 7-REAR 8-RIGHT 9-SIDE 10-TOP	
NOTE: THE OMISSIC	ON OF THESE SYMBO	MARKS AND SCRATCHES		OUANTITY CH		10-101	
		UPLII	T	D U D		CONDIT	

ITEM NO. ARTICLE		AND SCRATCHES			QUAN	TITY CI				
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CHE	CKERS SIGNATURE, BRANCH & DATE	Whot								
. ***	SHOW FORWARDING ADDRESS IF STORAGE ACCOU	NT OVERLEN	IGTH IT	EMS						- 1
	5-2-22		-					-	-	

This is to certify that:

1. I have received the Conditions of Removal and Storage and agree to those Conditions.

2. I have checked all the items listed and notes as to their condition and agree that they represent a true and correct inventory and description.

\*UNPACKING REQUIRED YES/NO

UNPACKING DONE TO OUR COMPLETE SATISFACTION YES/NO

(SIGNED)

DATE.



(SIGNED)\_

## **CUSTOMER INVENTORY SHEET**

STORE No. INVOICE No.

	Name: Ober Crode	For Delivery To:	I Roo	30	R	33/68	0	3	erth	Home.	Pack Nos	
	From: MICHCEL St	Green	Ton	(				1	- 3	200	4	
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	(TAS)	Phone No.:	4456	27	EN	1		3			6	
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	C-CHIPPED F-FADED ME-MOTI CR-CRACKED G-GOUGED NS-NOT	H EATEN SEEN	-REMOV RU-RUBBEI	ER	ST +T	-STAINI -TORN	ED	2-I	ARM BOTTON	1	6-LEG 7-REAR	
	CU-CONTENTS OF LO-LOOSE PBO-PACK -CONDITION UNKNOWN  #07#: THE OMISSION OF THESE SYMBOLS INDICATES	ED BY OWNER	R-RUSTEL S-SCRATO	CHED		-VENEE -AS ABO	OVE	4-F	CORNER FRONT LEFT		8-RIGHT 9-SIDE 10-TOP	
	MARKS AND	SCRATCHES	ACLITION	QUANTITY CHEC								
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1. I ha	we received the Conditions of Removal and Storage and agree to those we checked all the items listed and notes as to their condition and agree	Conditions.	a true and com	ect inve	ntory a	nd descr	iption					
	PACKING REQUIRED YES/NO	· UI	IPACKING I	DONE	TO 0	UR CO	MPLE	TE SA	TISFA	CTION	YES/NO	

ON UPLIFT by OWNER/AGENT

AT DESTINATION by OWNER/AGENT



(SIGNED)\_

## **CUSTOMER INVENTORY SHEET**

STORE No. INVOICE No.

Sheet No. of

Sheets

	Name: Cobe ( cobe	For Delivery To:	For Delivery To: 1 - 10010 ASITO OF								Home Pack No's					
	From: MICHOST 3	Creen	Green Brok							1 4						
	Bothevell	1103H	Nest Virginia 24900 .0.								5					
	(TAS)	Phone No.: 3									6					
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	NOTE: THE OMISSION OF THESE SYMBOLS INDICATE MARKS A	EACEPT FOR IN	HOUSE		TIPTAL CAL											
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ON UPLIFT by OWNER/AGENT

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AT DESTINATION by OWNER/AGENT

UNPACKING DONE TO OUR COMPLETE SATISFACTION YES/NO