

Hansen's Towing / Ron Hansen / 425-252-2121

Work Order / Bill of Lading

This form is required by law for the Washington State Department of Transportation

(Print this form. Complete it fully and legibly. Fax to 425-339-8476,
OR - scan & email to hansenstowing@frontier.com)

Today's Date: _____

REQUESTOR: **Company or Person:** _____

Street Address: _____

City, State & Zip: _____

(Please Office Phone / Fax #: _____

Write Contact Name and Cell: _____

Legibly) Email Invoice to: _____

(1) **MUST ANSWER!** Container **Size**?

(2) How Many? Is it **Empty** or **Loaded**?

Approximate Date You Want This Done: _____

PLEASE NOTE: Transport dates may not happen on the exact date requested, but *will* happen within a 48-hour time window.

All Estimated Times of Arrival (ETAs) given by the dispatcher are subject to change due to traffic and/or weather conditions.

PO # (if any): _____ Door Direction (check one): ____ to Cab ____ to Rear

P/U FROM: **Company or Person:** _____

Street Address: _____

City, State, Zip: _____

Contact Name and Cell: _____

Release # (if needed) _____

DEL. TO: **Company or Person:** _____

Street Address: _____

City, State, Zip: _____

Contact Name and Cell: _____

Special Instructions for the Driver? _____

How Many Miles? _____ Amount Quoted: \$ _____

(Get mileage from GoogleMaps or MapQuest)

(By Ron Hansen)

PLEASE NOTE – Additional Fees: Any quote given is only good if the container is accessible, clean, and able to be picked-up and delivered on solid, flat ground. Any extra labor or truck time involved at the pick-up or delivery site is \$95.00/hour more. Rev: 10-24-16.

Customer Signature: _____

(After Delivery)

Date