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## C.O.L. TRANSPORTATION ORDER - BOOKING

SHIPPER OSOBA KOJA SALJE ROBU		CONSIGNEE OSOBA KOJA PRIMA ROBU	
Name		Name	
Address		Address	
E.I.N. or S.S.#			
Tel		Tel	
Fax		Fax	
Contact:		Contact:	

### INSURANCE - OSIGURANJE

DO YOU WANT INSURANCE - DALI ZELITE OSIGURANJE  YES  NO ( Please circle one )  
( Insurance is 2 % on declared value - Osiguranje je 2% od vrijednosti posiljke )  
( Minimum declared value us \$ 5,000.00 - Minimalna vrijednost za osiguranje je \$ 5,000.00 )

DECLARED VALUE - VRIJEDNOST POSILJKE: \$ \_\_\_\_\_

### NOTE - NAPOMENA

**NOTICE:** IN THE EVENT OF LOSS, DESTRUCTION, OR DELAY, IT IS AGREED THAT THE VALUE OF THE SHIPMENT SHALL NOT BE MORE THAN 50 CENTS PER POUND OR \$50 PER PIECE, WHICHEVER IS LESS, UNLESS SEPARATELY DECLARED AND INSURED AS HEREIN PROVIDED. C.O.LOGISTIC SHALL HAVE NO RESPONSIBILITY FOR THE PERFORMANCE OF ANY ACTS NOT CLEARLY SPECIFIED HEREIN. THE INVOICE FOR SHIPMENT BY C.O.LOGISTIC IS DUE AND PAYABLE UPON RECEIPT. IF NOT PAID WITHIN 15 ( FIFTEEN ) DAYS OF RECEIPT, THE ACCOUNT WILL BE DEEMED OVERDUE AND ACKNOWLEDGING THE FACT THAT THE DAMAGE TO C.O.LOGISTIC IS DIFFICULT TO ASCERTAIN, A LATE PAYMENT FEE COMPUTED AT THE RATE OF 1 1/2% OF THE THE SHIPPER'S OUTSTANDING BALANCE OR \$20 PER MONTH, WHICHEVER IS GREATER, SHALL BE CHARGED FOR EACH MONTH OR PART THEREOF THAT THE ACCOUNT REMAINS OUTSTANDING.

IF THE ACCOUNT IS NOT PAID WITHIN 30 ( THIRTY ) DAYS OF ITS DUE DATE, THEN C.O.LOGISTIC MAY INCUR INCLUDING COLLECTION AGENCY FEES, COURT COSTS, AND ATTOMEY FEES. ANY CLAIMS FOR DAMAGES TO A SHIPMENT, SHORTAGES, OR LATE DELIVERY DOES NOT CONSTITUTE "CAUSE" FOR NON-PAYMENT. THIS CONTRACT SHALL BE DEEMED TO HAVE BEEN EXECUTED AT LONG BEACH, CALIFORNIA. IF ANY LEGAL ACTION IS TAKEN TO ENFORCE ANY PROVISION OF THIS AGREEMENT, IT SHALL BE COMMENCED AND MAINTAINED AT LONG BEACH, CALIFORNIA. BY EXECUTION HEREOF, THE UNDERSIGNED DIRECTLY OR THROUGH HIS SIGNING AGENTS, AGREES TO THE ABOVE TERMS. SHIPMENT IS UNINSURED UNLESS OTHERWISE STIPULATED IN BOX # 6. DECLARED VALUATION WILL NOT COVER CONCEALED DAMAGES ( I.E., MECHANICAL ELECTRONIC DERANGEMENT ). SIGNATURE INDICATES AGREEMENT WITH CONDITIONS OF CONTRACT.

PRINT LAST NAME :

STAMPAJ PREZIME: \_\_\_\_\_

SIGNATURE - POTPIS: \_\_\_\_\_

DATE - DATUM: \_\_\_\_\_

Office Use Only