



Performance Report

File No. _____

Consignee: _____ Destination: _____

Qty/Item Description: _____

Were the following services completed professionally and to your satisfaction?

	Origin		Destination	
	Yes	No	Yes	No
Coordination	()	()	()	()
Pick up/Delivery	()	()	()	()
Packing/Unpacking	()	()	()	()

Please comment on any "No" answers:

Was your shipment received in good order? () ()

Were ALL the packages received and accounted for? () ()

If "No" which item number(s) were not received:

How would you rate the appearance of crew

() Excellent () Good () Fair () Poor

How would you rate the overall services at origin?

() Excellent () Good () Fair () Poor

How would you rate the overall services at destination?

() Excellent () Good () Fair () Poor

Any other comments and suggestions regarding the move?

Consignee's Signature:

Delivery Date:

Thank you for taking the time to answer these questions. Your answers will help us maintain our Standards of excellence.