



WORK ORDER

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Calgary, AB T1Y6Z8

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Fax 403-3291-0854

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#200 8749 53 Ave NW

Edmonton, AB T6E5E9

Phone 780-454-9800

Fax 780-454-1490

Email: orderdesk@ahhand.com

| Order Details | | | | | |
|--|--------|----------------|--|-----------------|--|
| Client Name | | | Job Location | | |
| PO # | Load # | | | | |
| Appointment # | | | | | |
| Airway bill # | | | | | |
| Time of shift | | | | | |
| Number of workers required | | | | Truck # | |
| Contact person name at Job location | | | | Date of Shift | |
| Contact number for person at Job location | | | | Carrier Name: | |
| | | | | Any other info: | |
| Safety Equipment Required- Y/N | | | | | |
| Steel Toed Boots | | Hard Hat | | Gloves | |
| Ear plugs | | Safety glasses | | Safety vest | |
| Special Instructions: | | | | | |
| Special Requirements | | | | | |
| Job Procedures: Hazard assessment on job duties | | | | | |
| <p>Customer Agreement :This is to certify that all information provided in this order is sufficient to process the order and can be billed without errors. Agency is not responsible for any additional information requested from client's account payable if not provided herein. Invoices are due upon receipt. Any payments not received within 30 days from the date of the invoice will be subject to interest charges at 1.5% per month (18% per annum).</p> | | | | | |
| _____ Client Representative Name Phone number: | | | _____ Client Representative Signature | | |