

Job / Order / Reference Number: _____

Origin Pick Up Date: _____

Truck Number: _____
MC No. 843334
U.S. DOT No. 2444132

MAP MOVING & STORAGE INC.
Physical: 1750 NE 191 St. D 817, Miami, FL 33179
Mailing: 1900 Powell St., Ste 600, Emeryville, CA 94608
Telephone: (442) 444-1812 Fax: (916) 860-2715
www.mapmovingandstorage.com

Customer Ready For Delivery
Beginning On: _____

**SPECIAL POWER OF ATTORNEY
AND
DESIGNATION OF INTERSTATE SHIPPER'S REPRESENTATIVE/AGENT**

Job / Reference Number: _____

I, _____, "Shipper," do hereby designate and appoint through this special power of attorney, _____, "Agent," as my true and lawful representative and agent in my name and to act on behalf as the designated "shipper" in compliance with 49 USC § 13102(13), to exercise or perform any legal act, power, duty, right or obligation whatsoever that I now have, in regard to any part of the interstate transportation of my household goods. My Agent's address is _____ and my Agent's telephone number is _____.

Through this designation of power of attorney, I grant full legal authority to my designated representative/agent to receive delivery, sign, endorse, accept, negotiate, acknowledge, and modify any and all elements, terms, or conditions, of any and all bills of lading, inventories, estimates, warehouse receipts, contracts, waivers, other instruments in writing of whatever kind as they determine necessary in my name. I understand that I am legally bound, liable, responsible, and obligated by the actions or omissions of my designated representative/agent through this power of attorney. My Agent's actions under this Power of Attorney are to take the full effect as if I, the Shipper, took said action.

By my signature I acknowledge the terms of this Power of Attorney and hereby grant full legal authority to my designated representative/agent as described above. I promise not to dispute the actions taken by my Agent and agree to be bound by the actions of my Agent.

This Power of Attorney is effective for 6 months from the date listed below.

Customer / Shipper: ★ _____
Date: ★ _____
Phone Number: ★ _____

[Attach notary acknowledgement.]