



## Packing Slip – Product Evaluation

Please include this form with your shipment.

<b>SHIPPING TO:</b>	Nederveld FEFI 217 Grandville Ave SW, Suite 302 Grand Rapids, MI 49503
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Nederveld Project #: \_\_\_\_\_

\*Client Contact Name: \_\_\_\_\_

\*Client Contact Phone: \_\_\_\_\_

\*Client Contact Email: \_\_\_\_\_

\*Claim/Reference #: \_\_\_\_\_

\*Insurable Value:           \$100           To change the amount of insurance listed, please call 800.222.1868 and request a Forensic Project Coordinator.

Product Description: \_\_\_\_\_

\*required information

Sent By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I agree that Nederveld shall not be liable for any claim, loss, cost or damage, including indirect, consequential or special damages and attorney fees (collectively, "Damages") related to any product, material or other thing sent or submitted to Nederveld ("Product"), until such time as Nederveld actually receives and accepts the Product for evaluation ("Receipt"). I agree to indemnify and hold Nederveld harmless against all Damages arising prior to Receipt. I also agree that: (i) all shipping costs and expenses for Product shall be my responsibility; (ii) Nederveld may in its discretion advance payment of all or any part of such shipping costs and expense on my behalf; (iii) Nederveld shall be reimbursed for any advanced shipping cost and expense in accordance with Nederveld's customary billing practices; and (iv) it is my sole responsibility to secure adequate insurance to protect against any Damages.*