Holcim Detention Form

Customer Name: Customer Name: Destination: Destination:	Unloading	Loading
Carrier Name: Destination: D	Date:	BOL# (Unloading) or P/U# (Loading)
Detention Details: Appointment Time: Departure Time: Departure Time: Parail Hours: Reason For Detention: In order to validate detention time, please obtain customer (or loader for loading detention) signature and name below. Customer Name (Please Print): Driver Signature: Driver Signature: Billing Dept. to complete: Rate Per Hour: \$ Free Hours: Total Billable Hours:	Carrier Name:	
Appointment Time: Arrival Time: Departure Time: Peparture Time: Protal Hours: Reason For Detention: Total Hours: Protal Hours: Protal Hours: Protal Hours: Free Hours: Total Billable Hours: Total Billable Hours:	Origin:	Destination:
Appointment Time: Arrival Time: Departure Time: Peparture Time: Protal Hours: Reason For Detention: Total Hours: Protal Hours: Protal Hours: Protal Hours: Free Hours: Total Billable Hours: Total Billable Hours:		
Arrival Time: Departure Time: Total Hours: Reason For Detention: n order to validate detention time, please obtain customer (or loader for loading letention) signature and name below. Customer Name (Please Print): Customer Signature: Driver Signature: Driver Place to complete: Rate Per Hour: \$ Fotal Hours: Free Hours: Total Billable Hours:	<u>Detention Details:</u>	
Departure Time: Total Hours: Reason For Detention: Reason For Detention: n order to validate detention time, please obtain customer (or loader for loading detention) signature and name below. Customer Name (Please Print): Customer Signature: Driver Signature: Driver Signature: Driver Signature: Free Hours: Total Billable Hours:	Appointment Time:	
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Driver Signature:	detention) signature and name below.	,
Billing Dept. to complete: Rate Per Hour: \$ Fotal Hours: Free Hours: Total Billable Hours:	Customer Signature:	
Rate Per Hour: \$ Fotal Hours: Free Hours: Total Billable Hours:	Driver Signature:	
Rate Per Hour: \$ Fotal Hours: Free Hours: Total Billable Hours:		
Rate Per Hour: \$ Fotal Hours: Free Hours: Total Billable Hours:		
Total Hours: Free Hours: Total Billable Hours:	Billing Dept to complete:	
	Billing Bopt. to complete:	
Гotal Amount Due: \$	Rate Per Hour: \$	
	Rate Per Hour: \$	Total Billable Hours: