

RECEIVED BY:	RECEIVED FROM:	DATE	ESTIMATE DATE AM <input type="checkbox"/> PM <input type="checkbox"/>	HOME PHONE	OFFICE PHONE	ESTIMATED BY:
--------------	----------------	------	---	------------	--------------	---------------

APPROXIMATE MOVE DATE	INSURANCE \$ _____	APPLIANCE SERVICE	YES <input type="checkbox"/> NO <input type="checkbox"/>	RATE QUOTED \$ _____
-----------------------	---------------------------	-------------------	---	----------------------

DEFINITE PACK DATE	STORAGE OUT	APARTMENT <input type="checkbox"/> HOUSE <input type="checkbox"/>	PACKING ESTIMATE	
DEFINITE MOVE DATE	LOT NO. _____ BAL. DUE \$ _____	FLOOR OUT _____ FLOOR IN _____	SIZE	NO.
	GET WHSE. RECEIPT <input type="checkbox"/>	NO. OF ROOMS _____	Barrel	
	STORAGE REQUESTED	INDICATE S - M - L	Ctn (S)	
	TEMP. <input type="checkbox"/> ORIG. <input type="checkbox"/> OWNER EXP. <input type="checkbox"/>	L/R _____ D/R _____	Ctn (M)	
	PERM. <input type="checkbox"/> DEST. <input type="checkbox"/> BILLED <input type="checkbox"/>	KIT _____ DEN _____	Ctn (L)	
	WHSE. _____	B/R _____ B/R _____	Mat. Ctn (S)	
	STREET _____	B/R _____ B/R _____	Mat. Ctn (D)	
	CITY _____ STATE _____	BSMT _____ ATTIC _____	Crib Ctn	
		PORCH _____ GARAGE _____	Wardrobe	
		OTHER _____	Crates	

SPECIAL INSTRUCTIONS	PIANO <input type="checkbox"/>			
	FREEZER <input type="checkbox"/>			
	REFRIG. <input type="checkbox"/>			
	STOVE <input type="checkbox"/>			
	WASHER <input type="checkbox"/>			
	DRYER <input type="checkbox"/>			
	OTHER <input type="checkbox"/>			
		MILES	WEIGHT	VAN

						DRIVE TIME	
						PACK TIME	
						LOAD TIME	
						UNLOAD TIME	

NAME	FROM	TO	CUBE	ORDER NO.	NO. OF MEN	JOB TIME