

THIS IS NOT A CONTRACT
BASIS FOR CARRIER'S ESTIMATED COST OF SERVICES

NAME _____ PHONE NO. _____
 BILLING ADDRESS _____ BILLING CONTACT _____
 MOVING FROM _____ REGION _____ DATE OF PACKING _____
 MOVING TO _____ REGION _____ DATE OF MOVING _____
 SECOND PICK-UP OR DELIVERY _____ DELIVERY REQUESTED _____

LOCAL MOVE LONG DISTANCE MOVE PIECE MOVE STORAGE PACK UNPACK

SERVICE			SR	SNR	CNK	SERVICE			SR	SNR	CNK
Additional Helpers	(No.)					SIT Monthly Storage Charge					
Appliance Servicing						SIT Moving into Warehouse					
Elevator At Origin						SIT Moving Out Of Warehouse					
Elevator At Destination						SIT Warehouse Handling					
Flights At Origin	(No.)					SIT Warehouse Wrapping Of Fumigating					
Flights At Destination	(No.)					Shuttle Service At Origin					
Hoisting Or Lowering At Origin						Shuttle Service At Destination					
Hoisting Or Lowering At Destination						Disassembly Of Items					
Long Carry At Origin	(No.)					Assembly Of Items					
Long Carry At Destination	(No.)					Van & 1 Person					
Split Delivery						Van & 2 Persons					
Split Pickup						Overtime Or Premium Labor					
Packing Material Delivery/Pickup						Expedited Service					
Packing Material						Bulky Article(s)	(No.)				
Packing Labor: Hourly	By Unit					Additional Equipment Required					
Unpacking Labor: Hourly	By Unit					Overtime Packing Labor					

SR = Service Requested SNR = Service Not Requested CNK = Condition Not Known SIT = Sit In Transit

Charges to Be Paid By: Cash Check Certified Check Money Order Credit Card Approved Billing
 Approximate Weight: Total Cubic Feet (from Table of Measurements) _____ cu. ft. at 7 lbs per cu. ft. = _____ lbs.

Shipment is valued at actual cash value up to \$20,000, or as declared by the shipper. Shipment Value: \$ _____	TRANSPORTATION VALUATION OPTIONS			Initials _____ Deductible <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$500.00	STORAGE IN TRANSIT VALUATION OPTIONS		
	<input type="checkbox"/> 60¢ Per pound per article - No additional cost.	<input type="checkbox"/> Actual Cash Value @ \$ _____ per \$100 of Declared Value.	<input type="checkbox"/> Full Value @ \$ _____ per \$100 of Declared Value.		<input type="checkbox"/> Actual Cash Value @ \$ _____ per \$100 of Declared Value.	<input type="checkbox"/> Full Value @ \$ _____ per \$100 of Declared Value.	<input type="checkbox"/> Deductible <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$500.00

I am in no way obligated to have the above named carrier perform any services. I request only the services and items listed on this document be considered in determining the estimated cost. I understand that additional charges will be made for any additional services requested at a later date. I hereby acknowledge that I have received a copy of the information material entitled, "IMPORTANT INFORMATION FOR PERSONS MOVING HOUSEHOLD GOODS." **X**

Signature of Shipper or Shipper's Representative: _____ NOTE: If moving conditions change between now and moving date, call the above carrier. _____ Date _____

Number of Articles to be moved Number of Rooms to be Moved Total Number of Packing Containers to be Supplied by Carrier

ESTIMATED COST OF SERVICES

LONG DISTANCE MOVING				LOCAL MOVING			
Tariff _____	Total Cu. Ft. _____	Miles _____		Estimate of Hours: Load _____ Drive (x2) _____ Unload _____ Total _____ Hrs.			
Est. Weight _____ lbs. at _____ per 100 lbs.	\$ _____			Moving estimated _____ hours for _____ van and _____ men at _____ per hour	\$ _____		
No. Flights _____ at _____ per 100 lbs.	\$ _____			Piano type _____ ? No. Flights _____	\$ _____		
No. Long Carry Flights _____ at _____ per 100 lbs.	\$ _____			Bridge or Ferry Tolls (Estimated) _____	\$ _____		
Hoisting/Lowering _____	\$ _____			Hoisting/Lowering _____	\$ _____		
Extra Pickup-Delivery (circle one) _____	\$ _____			OTHER SERVICES _____	\$ _____		
Haul to - from Storage-in-Transit _____ hours	\$ _____			OVERTIME HOURS _____	\$ _____		
Storage-in-Transit-Charges:				Valuation Charge (See Basis) _____	\$ _____		
First Day _____ lbs. at _____ ¢ per 100 lbs.	\$ _____			PACKING AND UNPACKING	Estimated Cost \$ _____		
Each Additional Day at _____ ¢ per 100 lbs. per day	\$ _____			LABOR, Pack at residence, Estimated _____ packers	_____ hours, at _____ per man hour	\$ _____	
Warehouse Handling _____ lbs. at _____ ¢ per 100 lbs.	\$ _____			Unpack, estimated _____ packers _____ hours at _____ per man hour	\$ _____		
Storage and Warehouse Handling _____ lbs. @ _____	\$ _____			Delivery of packing material _____	\$ _____		
Piano, Type _____ Organ, Type _____	\$ _____			Estimated Cost \$ _____			
Appliances to be serviced _____	\$ _____			LOCAL MOVING _____	\$ _____		
Valuation Charge: (See Basis) _____	\$ _____			STORAGE _____	\$ _____		
Assembly/Disassembly of Articles _____	\$ _____			PERM. STORAGE VAULT CHARGE _____	\$ _____		
Bulky Articles _____	\$ _____			LONG DISTANCE MOVING _____	\$ _____		
Other Services _____	\$ _____			PACKING AND/OR UNPACKING MATERIAL _____	\$ _____		
ESTIMATED COST \$ _____				SALES TAX _____	\$ _____		
				TOTAL ESTIMATED COST \$ _____			
				Amount Total Cost EXCEEDS Charges Under Maximum Fixed Rate	\$ _____		

MATERIAL AND UNIT PRICE	Material			Packing			Unpacking			REMARKS <small>(Include any minimums such as weight, hours or per pound valuation)</small>
	Qty	Rate	Total	Qty	Rate	Total	Qty	Rate	Total	
Dish Packs or Barrels										
Cartons over 1 1/2 cu. ft.....										
Cartons over 3 cu. ft.....										
Cartons over 4 1/2 cu. ft.....										
Cartons over 6 cu. ft.....										
Cartons over 6 1/2 cu. ft.....										
Wardrobes										
Mattress Cln. Single										
Mattress Cln. Double.....										
Mattress Cln. Queen										
Mattress Cln. King.....										
Mattress Cln. Crib.....										
Glass packs.....										
Crate, Size.....										
Crate, Size.....										
Total Material \$				Total Packing \$			Total Unpacking \$			

MAILING ADDRESS: _____

RESERVATION DEPOSIT: _____

IMPORTANT NOTICE: This estimated cost document covers only the articles and services listed on the Basis for Carriers Estimated Cost of Services. ACTUAL CHARGES FOR THOSE SERVICES WILL NOT EXCEED THE AMOUNT OF THE ESTIMATED COST. No guarantee can be made as to specific dates of pickup or delivery of your shipment, unless you make special arrangements with the carrier.

NOTICE TO ESTIMATOR: It is mandatory to use cubic footage for each article at not less than that shown on the Table of Measurements and Estimate and the total cubic footage be multiplied by seven to determine the total approximate weight for determining the charge under maximum fixed rate.

TO BE COMPLETED BY CARRIER: Are Maximum Rates to be exceeded on this move? YES _____ NO _____
TO BE COMPLETED BY THE SHIPPER: Do you consent to the amount of charge to be assessed over the Maximum Rate? YES _____ NO _____
 If yes, by how much will charges exceed those at Maximum Rates? _____

ESTIMATOR'S SIGNATURE _____ DATE OF SIGNATURE _____

THIS SIDE TO BE COMPLETED ONLY AFTER REVERSE SIDE IS COMPLETED AND CARBONS ARE REMOVED

