

## ESTIMATED COST OF SERVICES

Proposed charges set forth below are **BINDING AND GUARANTEED** for the items and services listed for \_\_\_\_ days from date hereof: SEE IMPORTANT NOTICE BELOW.

Proposed charges set forth herein are **NOT TO EXCEED**. Actual charges shall be determined after all services have been completed but shall not exceed the amount set forth below under "Maximum Charges Not To Exceed". SEE IMPORTANT NOTICE BELOW.

### IMPORTANT NOTICES

- A. This proposal is for listed items and services only. Additional items and services may result in additional costs.
- B. Shipper shall be required to pay for all charges prior to unloading in cash or by certified check or money order, except as maybe otherwise agreed in writing between carrier and shipper.
- C. Carrier's Liability for loss or damage **IS LIMITED TO \$300.00 PER SHIPMENT** unless carrier and shipper agree in writing to a higher limit of carrier liability.
- D. Carrier and Shipper agree that any additional items or services not included in this proposal and the maximum charges therefor may be set forth in an addendum hereto or a substitute proposal executed by carrier and shipper.

#### ORIGIN

#### DESTINATION

Shipper \_\_\_\_\_ Consignee \_\_\_\_\_

Loading Address \_\_\_\_\_ Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

**PROPOSED COST OF SERVICES** **Transportation Costs** **PROPOSED CHARGES**

1. Weight and Distance: Tariff \_\_\_\_\_ No. of Miles \_\_\_\_\_ Est. Weight \_\_\_\_\_ lb. Moving at \_\_\_\_\_ lb. Trans Charge \_\_\_\_\_
2. Hourly Rated: Vans \_\_\_\_\_ Men \_\_\_\_\_ Estimated Hours \_\_\_\_\_ Rate Per Hour \_\_\_\_\_

**PROPOSED COST OF SERVICES** **Storage in Transit** **PROPOSED CHARGES**

3. A) Storage: Weight \_\_\_\_\_ lb First Day @ \_\_\_\_\_ per 100 lb + Add'l Day(s) @ \_\_\_\_\_ per 100 lb. \_\_\_\_\_
- B) Extended Valuation: \_\_\_\_\_

**PROPOSED COST OF SERVICES** **Other Charges** **PROPOSED CHARGES**

4. Bulky Item(s): (1) \_\_\_\_\_ \$ \_\_\_\_\_ (2) \_\_\_\_\_ \$ \_\_\_\_\_ (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (Auto-Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_ Wt \_\_\_\_\_)
5. Containers, Packing, Unpacking \_\_\_\_\_
6. Labor \_\_\_\_\_ Man/Men for \_\_\_\_\_ Hours @ \_\_\_\_\_ per man/hour \_\_\_\_\_
7. Extra Stop(s) \_\_\_\_\_
8. Third Party Charges: \_\_\_\_\_
9. Other Charges/Other Local Charges: \_\_\_\_\_

**Shippers Billing Address**

PACKING DATE(S)	
Pick-up Period	Delivery Period
Earliest _____	Earliest _____
Latest _____	Latest _____

**TOTAL PROPOSED CHARGES**

**MAXIMUM BINDING CHARGES**

**MAXIMUM CHARGES NOT TO EXCEED**

**PROPOSED COST OF SERVICES** **Valuation** **PROPOSED CHARGES**

10. Depreciated Value \_\_\_\_\_ Replacement Value \_\_\_\_\_
- Requested Amt. \$ \_\_\_\_\_ @ \_\_\_\_\_ per \$1,000.00 or fraction thereof \_\_\_\_\_

Estimator _____ Date _____	Issuing Agent _____ MCA No. _____
Shipper _____ Date _____	City/State/Zip _____ Phone _____