Re-order from:
ILLINOIS MOVERS' & WAREHOUSEMEN'S ASSOCIATION
40 ADLOFF LANE, STE. 2, SPRINGFIELD, IL 62703 • 217-585-2470

ESTIMATE OF CHARGES

Contact Mover at this address and phone Movers Ill. C.C. License Number.

Pack Date	
Pickup Date	
Delivery Date	

Origin:	*Destination:*
Name	Consigned to:
Address	Address
Phone	Phone

IMPORTANT NOTICE

This is not a bin estimate

This estimate covers only the articles and services listed, It is not a warranty or representation that the actual charges will not exceed the amount of the estimate. Any additional articles and services added after the written estimate is executeed may result in additional charges.

Mover will collect charges computed on the basis of rates shown in their lawfully published tariffs at the time of the move, regardless of prior rate quotations or estimates made by the mover or its agents. Transportation charges are based upon either the weight of the goods transported or the time consumed in transporting the shipment. Special arrangements can be made with the mover for expedited services to guarantee a delivery date for intercity shipments, for which an additional charge normally will apply.

As determined by the mover's tariff, rates may be computed by the hour for moves 35 miles or less from origin to destination, or when origin and destination are wholly within the area covered by the counties of Cook, DuPage, Kane, Kendall, Lake, McHenry and Will. Charges for moves over 35 miles when either or both the origin and destination are outside the aforementioned counties must be computed on weight-mileage basis.

Mover□s Liability

Before the move begins, the shipper must insert in the space provided on the bill of lading, *in (his/her) own handwriting*, either declaration of the actual value of the shipment or the words "30 cents per pound per article." Otherwise, the shipment will be deemed released to a maximum value equal to $2.00 times the weight of the shipment in pounds. Additional tariff charges may apply for value over 30 cents per pound per article. **Declaring a released value for goods is not the same as purchasing a policy of insurance. Separate insurance may be purchased at an additional charge, for which you will receive a certificate of insurance.**

Important Notic about Payment

In accordance with Illinois law, unless the mover has agrees in writing to credit arrangements, you will be expected to pay for the move at delivery. Payment must be in cash, money order, or cashier's check. *The mover is not required to accept a personal check.*

The mover has made every effort to estimate accurately the charges for your move, based upon the information you have provided. If the actual tariff charges on the day of the move exceed the charges contained in this written estimate, you will be required to pay at delivery the amount of the estimated cost PLUS 10 percent, at which time the mover will release your goods. You are required by law to pay within 30 days of delivery the balance of the total actual charges.

LOCAL MOVE

(hourly rates)

# Chargeable Hours	Straight Time			Overtime			Sunday/Holiday			Total Charges $$
	# Hours	Rate	Ext.	# Hours	Rate	Ext.	# Hours	Rate	Ext.	
# Personnel										$
# Trucks										$
										$
Travel Time	# Hours:					Rate: $				$
Mileage Charge	# Miles:					$ per mile:				$
Valuation Charge:										$
Other Charges:										$

INTRASTATE MOVE

(weight-mileage rates - moves more than 35 miles)

Net weight	lbs.	MIles:	Rate	$
Valuation Charge:				$

Packing Charges

Container Description	Container Charge			Packing			Unpacking			$
	Qty	Rate	Ext.	Qty	Rate	Ext.	Qty	Rate	Ext.	$
										$
										$
										$
										$
										$
										$
										$
										$
										$
										$
										$
										$
Total packing charges (see attached packing addendum if appropriate)										$

Other Charges

Extra pickup or delivery charge:			$
Hoisting or Piano Charge:			$
Stair Carry, Elevator, Long Carry	Origin	Destination	$
Extra Labor:	# Personnel:	# Hours:	$
Appliance Service Origin:		Destination:	$
Bulky Item Charge:			$
Storage Date In:			$
Warehouse Handling Charge:			$
Warehouse Valuation Charge:	$	per	$
Trip Transit Insurance Policy Charge:			$
Other:			$
	TOTAL ESTIMATED CHARGES		$

NOTE

X

Estimator's Signature Code # Date

X

Customer's Signature ☐ Customer provided Ill.C.C. required consumer brochure

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