

Fla. IM No.

ESTIMATE / ORDER FOR SERVICES

County Registration No.

ESTIMATE DATE	PACKING DATE
LOADING DATE	DELIVERY DATE

NAME OF SHIPPER: _____

ORIGIN ADDRESS: _____ DESTINATION ADDRESS _____

ORIGIN CITY _____ STATE _____ ZIP _____ DESTINATION CITY _____ STATE _____ ZIP _____

CONTACT PHONE NUMBER(S)- HOME: _____ WORK: _____ CELL: _____

AUTHORIZED AGENT: _____ PHONE: _____

Temporary Storage - Location: _____ Phone: _____

<p style="text-align: center;">IMPORTANT NOTICE</p> <p>In order for the estimate to be accurate, you must disclose all information relevant to the move. In the event of unforeseen circumstances, including but not limited to the decision to add or remove items on the day of the move, construction delays, closing delays by mechanical failure, long carry, shuttle or inclement weather, additional charges may be incurred that were not incorporated within this estimate. An Addendum to this estimate will be presented at the time any such circumstances arise.</p>	<p style="text-align: center; color: red;">PAYMENT</p> <p style="color: red;">The estimated charges must be paid in full, prior to delivery, by either of the following forms of payment: (1) cash, cashier's check, money order or traveler's check; or (2) Visa, MasterCard, or _____ . Arrangements to use a credit card must be made prior to the move date and the cardholder must be present for authorization. Personal checks will not be accepted unless otherwise indicated.</p>
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ESTIMATED PACKING/UNPACKING CHARGES	CONTAINERS			CARRIER PACKING			CARRIER UNPACKING		
	ESTIMATED NUMBER	PER EACH	TOTAL	ESTIMATED NUMBER	PER EACH	TOTAL	ESTIMATED NUMBER	PER EACH	TOTAL
BARREL, DISH-PACK, DRUM, ETC.									
BOXES, SMALL - LESS THAN 2 CU. FT.									
BOXES, MEDIUM - 2 TO 4 CU. FT.									
BOXES, LARGE - 4 TO 6 CU. FT.									
BOXES, X-LARGE - MORE THAN 6 CU. FT.									
WARDROBE CARTON, AT LEAST 10 CU. FT.									
CRIB MATTRESS CARTON									
SINGLE MATTRESS CARTON									
DOUBLE MATTRESS CARTON									
KING/QUEEN MATTRESS CARTON									
MATTRESS COVER, PLASTIC OR PAPER									
MIRROR/PICTURE CARTON									
CRATES/CONTAINERS/OTHER									
SUBTOTALS									
	ESTIMATED CONTAINER COST \$			ESTIMATED PACKING COST \$			ESTIMATED UNPACKING COST \$		

SUBTOTAL OF ESTIMATED PACKING/UNPACKING CHARGES: \$ _____

ESTIMATED RELOCATION CHARGES:	RATE	CHARGES
PREPARATION OF WRITTEN INVENTORY: The shipper has the right to a written inventory (at the additional cost indicated) unless waived by initialing here:		\$ _____
ESTIMATED WEIGHT: _____ MINIMUM WEIGHT: _____ MILES: _____	\$ _____ /CWT	\$ _____
HOURLY RELOCATION: VAN(S) AND MAN/MEN FOR _____ HOUR(S) PLUS _____ HOUR(S) TRAVEL TIME	\$ _____ /HOUR	\$ _____
FUEL SURCHARGE:		% \$ _____
DRAYAGE TO WAREHOUSE:	\$ _____ /CWT	\$ _____
DRAYAGE FROM WAREHOUSE:	\$ _____ /CWT	\$ _____
WAREHOUSE HANDLING:	\$ _____ /CWT	\$ _____
1ST MONTH STORAGE: (EACH ADDITIONAL MONTH AT: \$ _____)	\$ _____ /CWT	\$ _____
EXTRA STOP(S): (ORIGIN / DESTINATION / BOTH)		\$ _____
APPLIANCE SERVICE(S): TYPE: (ORIGIN / DESTINATION / BOTH)		\$ _____
THIRD PARTY SERVICE(S): TYPE: (ORIGIN / DESTINATION / BOTH)		\$ _____
ELEVATOR OR STAIR CARRY: (ORIGIN / DESTINATION / BOTH)		\$ _____
HOISTING OR PIANO CARRY: (ORIGIN / DESTINATION / BOTH)		\$ _____
LONG CARRY: (ORIGIN / DESTINATION / BOTH)		\$ _____
DISASSEMBLY/REASSEMBLY: (ORIGIN / DESTINATION / BOTH)		\$ _____
EQUIPMENT: (ORIGIN / DESTINATION / BOTH)		\$ _____
WAITING TIME: (ORIGIN / DESTINATION / BOTH)	\$ _____ /HOUR	\$ _____
EXTRA LABOR: _____ MAN/MEN FOR _____ HOUR(S)	\$ _____ /HOUR	\$ _____
OTHER CHARGES (EXPLAIN):		\$ _____
SUBTOTAL OF ESTIMATED RELOCATION CHARGES:		\$ _____

SHIPPER'S DECLARATION OF VALUE OPTIONS: The shipper declares the value of all goods, including the contents of containers received or transported, or later received and/or transported for the Shipper, as indicated below. Such value shall be the agreed value for any and all purposes, whatsoever:	RATE	CHARGES
<input type="checkbox"/> VALUATION PROTECTION (OPTIONAL): If any article is lost, destroyed, or damaged while in the mover's custody, the mover will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such replacement, subject to the terms and conditions of the contract. An additional charge applies for this option. To select this option, you must write the lump sum declared dollar value below. THE VALUE OF MY SHIPMENT IS \$ _____ AT A COST PER \$1,000 WITH THE INDICATED DEDUCTIBLES OF	\$0 DEDUCTIBLE	\$ _____
	\$250 DEDUCTIBLE	
	\$500 DEDUCTIBLE	
<input type="checkbox"/> RELEASED VALUE OF SIXTY CENTS (\$.60) PER POUND PER ARTICLE (CARRIER'S MINIMUM LEGAL LIABILITY): If you do not declare a value in the previous option, and, if any article is lost destroyed, or damaged while in the mover's custody, the mover's liability is limited to sixty cents (\$.60) per pound per article, based on the actual weight of the lost, destroyed, or damaged article. This is the basic liability level and is provided at no charge. <u>It is considerably less than the average value of the household goods.</u>	FREE	\$ 0.00
SUBTOTAL OF ESTIMATED VALUATION CHARGES:		\$ _____

SUBTOTAL OF ESTIMATED RELOCATION CHARGES: \$ _____

SPECIAL REMARKS: _____

I HEREBY AGREE THAT THE ABOVE ESTIMATE / ORDER FOR SERVICE IS COMPLETE AND INCLUDES DATES, LOCATIONS, OPTIONS FOR PAYMENT ACCEPTED, OPTIONS AND TERMS FOR VALUATION, AND THE TOTAL ESTIMATED COST OF SERVICES. I ALSO AGREE THAT I HAVE RECEIVED, READ CAREFULLY, AND UNDERSTAND THIS ESTIMATE AND THE "NOW YOU KNOW...INTRASTATE HOUSEHOLD MOVING" PAMPHLET.

Signature and Title of Estimator

Signature of Shipper or Authorized Agent

Date