ADDENDUM TO ESTIMATE / ORDER FOR SERVICES

Fla. IM No.

County Registration No.

NAME OF SHIPPER _____

ORIGIN INFORMATION	DESTINATION INFORMATION
ADDRESS: _____	ADDRESS: _____
CITY_____STATE _____ZIP _____	CITY_____STATE _____ZIP _____

CONTACT PHONE NUMBERS- HOME: _____ WORK: _____ CELL: _____

AUTHORIZED AGENT'S NAME: _____ _____PHONE: _____

This Addendum serves to add the following charges to the previously issued Estimated / Order for Services, and is subject to all terms and conditions set forth therein.

DESCRIPTION	CHARGES