

ORDER FOR SERVICE/NON BINDING ESTIMATE

(Indicate whether Hourly or Weight Basis)

HOURLY BASIS WEIGHT BASIS

Certificate No.:

CARRIER'S REG. NUMBER

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER REFER TO THIS REG. NO.

SHIPPER _____ ADDRESS _____ FLOOR _____ ELEV. _____ TEL. _____ CITY _____ STATE _____	CONSIGNEE TO _____ ADDRESS _____ FLOOR _____ ELEV. _____ TEL. _____ CITY _____ STATE _____
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CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY) NAME _____ ADDRESS CITY _____ STATE _____ PHONE _____

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN	PACKING DATE REQUESTED	AGREED PICK UP DATE OR PERIOD OF TIME	AGREED DELIVERY DATE OR PERIOD OF TIME	
			EARLIEST	LATEST

SHIPPER'S CONTACT: <input type="checkbox"/> Enroute <input type="checkbox"/> Destination NAME _____ ADDRESS _____ CITY _____ STATE _____ PHONE _____	SHIPPER DOES NOT <input type="checkbox"/> DOES <input type="checkbox"/> Request Notification Charges At: NAME _____ ADDRESS _____ CITY _____ STATE _____ PHONE _____
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Check if Summary of Information for Shippers of Household Goods given.

WEIGHT BASIS:
MILES _____ WEIGHT _____ RATE PER CWT. _____

VALUATION - HOURLY BASIS

UNLESS THE SHIPPER EXPRESSLY RELEASES THE SHIPMENT TO A VALUE OF 30 CENTS PER POUND PER ARTICLE, THE CARRIER'S MAXIMUM LIABILITY FOR LOSS AND DAMAGE SHALL BE EITHER THE LUMP SUM VALUE DECLARED BY THE SHIPPER OR \$2500, WHICHEVER IS GREATER.

THE SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER'S TARIFF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING

\$ _____

(To Be Completed by Person Signing Order)

VALUATION - WEIGHT BASIS

UNLESS THE SHIPPER EXPRESSLY RELEASES THE SHIPMENT TO A VALUE OF 60 CENTS PER POUND PER ARTICLE, THE CARRIER'S MAXIMUM LIABILITY FOR LOSS AND DAMAGE SHALL BE EITHER THE LUMP SUM VALUE DECLARED BY THE SHIPPER OR AN AMOUNT EQUAL TO \$1.25 FOR EACH POUND OF WEIGHT IN THE SHIPMENT, WHICHEVER IS GREATER.

THE SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER'S TARIFF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING

\$ _____

(To Be Completed by Person Signing Order)

SERVICES TO BE PERFORMED ON THIS SHIPMENT

	ESTIMATED CHARGES	ACTUAL CHARGES
COST OF SERVICES (Based on tariff _____ DOT-NY-MT No. _____)		
TRANSPORTATION SERVICES:		
STRAIGHT TIME: _____ Van(s) _____ Men _____ Hours @ \$ _____ per hour	\$ _____	\$ _____
OVERTIME: _____ Van(s) _____ Men _____ Hours @ \$ _____ per hour	_____	_____
TRAVEL TIME: _____ Hours @ \$ _____ per hour	_____	_____
VALUATION CHARGE: (for liability on part of carrier in excess of that assumed when its lowest rates are charged)		
On Transportation: \$ _____ @ \$0.50 per \$100, or fraction thereof	_____	_____
On Storage-in-Transit: \$ _____ @ \$1.00 per \$1000 for each 30 days or fraction thereof	_____	_____
WAREHOUSE HANDLING: per _____ @ _____	_____	_____
STORAGE IN TRANSIT: From _____ To _____ @ _____	_____	_____
PIANO CHARGE _____	_____	_____
HOISTING OR LOWERING _____	_____	_____
ADDITIONAL LABOR: Straight Time: _____ Men @ \$ _____ per hour	_____	_____
Overtime: _____ Men @ \$ _____ per hour	_____	_____
Other Charges: (Specify) _____	_____	_____
(Specify) _____	_____	_____
CONTAINER CHARGE (See below)	_____	_____
PACKING CHARGE (See below)	_____	_____
UNPACKING CHARGE (See below)	_____	_____
TOTAL COST	\$ _____	\$ _____

CONTAINER	CONTAINERS <input type="checkbox"/> Loan <input type="checkbox"/> Supply			PACKING			UNPACKING		
	Number	Per Each	TOTAL	Number	Per Each	TOTAL	Number	Per Each	TOTAL
BARREL, dish-pack, drum, etcetera			\$			\$			\$
BOXES, not over 5 cubic feet									
over 5 not over 8 cubic feet									
CARTONS: Less than 1 1/2 cubic feet									
1 1/2 cubic feet									
3 cubic feet									
4 1/2 cubic feet									
6 cubic feet									
6 1/2 cubic feet									
WARDROBE CARTON									
CRIB MATTRESS CARTON									
Mattress Carton (Not exceeding 54" x 75")									
Mattress Carton (Exceeding 54" x 75")									
MATTRESS COVER (Plastic or paper)									
CRATES AND CONTAINERS									
CRATES AND CONTAINERS (Minimum Chg.)									
		Costs	\$		Costs	\$		Costs	\$

APPLICABLE ONLY IF COST OF SERVICES HAS BEEN GIVEN BY CARRIER TO SHIPPER. MAXIMUM AMOUNT REQUIRED TO BE PAID ON DELIVERY: On Hourly Rated Shipments, Charge Plus 25% On Weight Rated Shipments, Charge Plus 10%

PAYMENT IN CASH OR CERTIFIED CHECK, CREDIT CARD, MONEY ORDER, TRAVELER'S CHECK OR CASHIER'S CHECK.

BILLING INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____
ATTENTION OF: _____

ADDITIONAL INFORMATION:

THE SHIPPER (OR HIS REPRESENTATIVE) BY HIS SIGNATURE HEREBY ORDERS THE SERVICES OUTLINED HEREIN TO BE PERFORMED ON HIS BEHALF; AND FURTHER ACKNOWLEDGES THAT ALL ARRANGEMENTS REGARDING CONTACT WHILE EN ROUTE AND/OR AT DESTINATION, METHOD OF PAYMENT, AND NOTIFICATION OF CHARGES ARE AS DESIGNATED BY HIM.

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFIED.

DATE _____ X _____ SHIPPER OR HIS REPRESENTATIVE

DATE _____ X _____ CARRIER'S REPRESENTATIVE