



REORDER FROM
MASSACHUSETTS MOVERS
ASSOCIATION

COMBINED UNIFORM HOUSEHOLD GOODS
BILL OF LADING AND FREIGHT BILL

NON NEGOTIABLE

H. H. GDS. FORM # 8

B/L NO. _____

DATE OF ORDER _____

CARRIER X _____
 The undersigned shipper hereby orders the above carrier to furnish transportation facilities and services described in this order subject to and in accordance with the rules, regulations and charges as contained in the Tariff on file or the laws and regulations of the applicable regulatory agency and the terms and conditions of the Bill of Lading shown on the back and made a part hereto, and agree to pay upon delivery the amount set forth below in Cash, Money Order or Certified Check.

SHIPPER OR AGENT SIGNATURE AT ORIGIN X _____

RECEIVED SUBJECT TO TARIFF RULES AND REGULATIONS OF THE ABOVE NAMED CARRIER

ORIGIN
 SHIPPER _____
 STREET _____
 CITY/ZIP _____
 PHONE _____

DESTINATION
 CONSIGNEE _____
 STREET _____
 CITY/ZIP _____
 PHONE _____

DECLARATION OF VALUE

The shipper must select one of the options below prior to the start of any packing or moving service. In the event the shipper does not select one these options the carrier's maximum liability for loss and damage shall be an amount equal to a maximum value of \$1.25 for each pound of weight of the shipment as described in Option B.

A Declared value of .60 cents per pound per article. There is no charge for this option.

B A declared lump sum value of \$ _____ based on a minimum of \$1.25 per pound. Carrier will apply depreciation to any claim made under this option. The charge for this option will be \$ _____ per \$1,000.00 of valuation.

(THIS DOES NOT REPRESENT INSURANCE)

I hereby select option (MUST BE INSERTED BY SHIPPERS HAND ONLY)
 SIGNATURE OF SHIPPER X _____ Date _____

SPECIAL SERVICES / OR INSTRUCTIONS

 AUTHORIZATION X _____

PAYMENT OF CHARGES

ALL CHARGES TO BE PAID IN CASH, MONEY ORDER OR CERTIFIED CHECK BEFORE PROPERTY IS RELINQUISHED BY CARRIER, EXCEPT FOR AUTHORIZED ACCOUNTS. THE SHIPPER REMAINS PRIMARILY RESPONSIBLE AND LIABLE FOR THE PAYMENT OF ALL CHARGES

ACCOUNT NAME _____ P.O. # _____
 ADDRESS _____
 CITY & STATE _____ ZIP _____
 ATTENTION OF _____

THE ABOVE SERVICES WERE RENDERED AND ALL GOODS DELIVERED IN GOOD ORDER, EXCEPT AS NOTED:

SHIPPER'S SIGNATURE AT DESTINATION X _____
 TO BE SIGNED BY SHIPPER AFTER SERVICES ARE COMPLETED
 SIGNATURE OF CARRIER OR AUTHORIZED AGENT X _____
 CARRIER _____

REQUESTED PACKING DATE _____ REQUESTED LOADING DATE _____ REQUESTED DELIVERY DATE _____

TARIFF NUMBER _____ SECTION _____ CERTIFICATE NUMBER _____

HOURLY TRANSPORTATION RATES

| | | | | |
|-----------------------|------------|--------------|-----------------|---------|
| START TIME | TIME OFF | | | |
| TIME COMPLETED | TOTAL TIME | | | |
| | NO. OF | RATE PER HR. | NUMBER OF HOURS | CHARGES |
| VEHICLE & DRIVER R.T. | | | | |
| VEHICLE & DRIVER O.T. | | | | |
| HELPERS R.T. | | | | |
| HELPERS O.T. | | | | |
| TRAVEL TIME | | | | |
| TOTAL HOURLY CHARGES | | | | |

WEIGHT BASIS TRANSPORTATION

| | | |
|--|---------------|--|
| GROSS WEIGHT | RATE PER CWT. | |
| TARE WEIGHT | | |
| NET WEIGHT | | |
| SUBJECT TO A MINIMUM OF _____ LBS. (FOR _____ MILES) | | |
| TOTAL WEIGHT BASIS CHARGES | | |

| | | | | |
|--------------------------------|------|-----|------|--------|
| PACKING & UNPACKING | EST. | NO. | RATE | AMOUNT |
| BARRELS, DRUMS OR DISHPACKS | | | | |
| CARTONS, LESS THAN 3 CU. FT. | | | | |
| CARTONS, 3 CU. FT. | | | | |
| CARTONS, 4 1/2 CU. FT. | | | | |
| CARTONS, 6 CU. FT. | | | | |
| WARDROBES | | | | |
| MATTRESS: SINGLE OR DOUBLE | | | | |
| KING OR QUEEN SIZE | | | | |
| CRIB | | | | |
| CRATES AND CONTAINERS | | | | |
| MIRROR CARTONS | | | | |
| TOTAL PACKING CHARGES | | | | |

ADDITIONAL SERVICES

| | |
|--|-------|
| DECLARATION OF VALUE OPTION <input type="checkbox"/> | |
| TOTAL CHARGES | _____ |
| LESS DEPOSIT RECEIVED () | _____ |
| BALANCE DUE AT DELIVERY | _____ |