

REORDER FROM



**MASSACHUSETTS
MOVERS
ASSOCIATION**

Moving Within Massachusetts Proposed Cost of Services

B/L NUMBER

CARRIER

IMPORTANT NOTICE:

This non-binding estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. The carrier is required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, on non-binding estimates, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transportation, and unloading are subject to actual time, plus travel or actual weight, whichever is applicable, of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van. Charges for additional services will be added to the transportation charges.

PREPAID
 C.O.D.
 CHARGE
 BASED ON TARIFF NO. _____ SECTION _____ MDTE NO. _____
 PACKING DATE(S) REQUESTED _____ LOADING DATE(S) REQUESTED _____ DELIVERY DATE(S) OR PERIOD OF TIME REQUESTED _____
AREA PHONE
 SHIPPER _____ () _____ CONSIGNEE _____ () _____
 LOADING ADDRESS _____ DELIVERY ADDRESS _____
 CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

REQUESTED SERVICES		ESTIMATED CHARGES
1.	YES NO TRANSPORTATION: () _____ Van _____ Men _____ Hours @ \$ _____ /hr. _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> () _____ Van _____ Men _____ Hours @ \$ _____ /hr. _____ () Miles _____ Est. Wt. _____ lbs., Moving as _____ lbs. @ \$ _____ rate per cwt _____ () _____ () _____	
2.	<input type="checkbox"/> <input type="checkbox"/> APPLICABLE TRAVEL TIME: _____ hrs. @ \$ _____	
3.	<input type="checkbox"/> <input type="checkbox"/> VALUATION (NOT INSURANCE): A. () 60¢ per lb/article: carrier minimum liability _____ (Shipper Initials) _____ B. () Declared Value \$ _____ @ \$ _____ per \$1,000 _____ (Shipper Initials) _____	
4.	<input type="checkbox"/> <input type="checkbox"/> CERTIFICATE OF INSURANCE \$ _____ @ \$ _____ per \$1,000 _____ (Shipper Initials) _____ <input type="checkbox"/> <input type="checkbox"/> DEPOSITORY INSURANCE \$ _____ @ \$ _____ per \$1,000 _____ (Shipper Initials) _____	
5.	<input type="checkbox"/> <input type="checkbox"/> STORAGE COST: _____ lbs. @ \$ _____ per 100 lb PER MONTH _____ CARTAGE IN _____ CARTAGE OUT _____	
6.	<input type="checkbox"/> <input type="checkbox"/> WAREHOUSE HANDLING CHARGE: _____ lbs. @ \$ _____ per 100 lbs. _____	
7.	<input type="checkbox"/> <input type="checkbox"/> SPECIAL SERVICING OF APPLIANCES: _____ <input type="checkbox"/> ORIGIN <input type="checkbox"/> DESTINATION	
8.	<input type="checkbox"/> <input type="checkbox"/> PIANO OR ORGAN HANDLING CHARGE(S): TYPE _____ \$ _____ /FLIGHT CARRY: _____ @ \$ _____	
9.	<input type="checkbox"/> <input type="checkbox"/> A. ELEVATOR, STAIR <input type="checkbox"/> ORIG.: ELEVATOR @ _____ STAIRS - NO. OF FLIGHTS _____ @ _____ DISTANCE _____ FT. @ _____ DISTANCE <input type="checkbox"/> DEST.: ELEVATOR @ _____ STAIRS - NO. OF FLIGHTS _____ @ _____ DISTANCE _____ FT. @ _____	
10.	<input type="checkbox"/> <input type="checkbox"/> CONTAINERS, PACKING, UNPACKING - (SEE BELOW)	
11.	<input type="checkbox"/> <input type="checkbox"/> EXTRA STOP(S) _____ AT _____	
12.	<input type="checkbox"/> <input type="checkbox"/> ADDITIONAL LABOR _____ Man/Men for _____ hours @ _____ per man/hour	
13.	<input type="checkbox"/> <input type="checkbox"/> _____	
14.	<input type="checkbox"/> <input type="checkbox"/> _____	

TOTAL ESTIMATED COST	\$
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ESTIMATED COST OF PACKING & UNPACKING SERVICE ITEMS	CONTAINERS			PACKING SERVICE			UNPACKING		
	QUAN.	RATE	AMOUNT	QUAN.	RATE	AMOUNT	QUAN.	RATE	AMOUNT
DISH PACK									
CARTONS: LESS THAN 3 CUBIC FEET									
3 CUBIC FEET									
4-1/2 CUBIC FEET									
6 CUBIC FEET									
WARDROBE CARTON, NOT LESS THAN 10 CU. FT.									
MATTRESS CARTON, CRIB									
(NOT EXCEEDING 39" X 75")									
(NOT EXCEEDING 54" X 75")									
(EXCEEDING 54" X 75")									
(39" X 80")									
CORRUGATED CONTAINERS:									
CRATES:									
ADD CONTAINER, PACKING & UNPACKING TOTALS TOGETHER AND INSERT SUM TOTAL ON LINE 10 ABOVE	TOTAL CONTAINER CHARGES		\$	TOTAL PACKING CHARGES		\$	TOTAL UNPACKING CHARGES		\$

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MAIL ACCEPTANCE OF PROPOSAL TO:			<h2>ORDER FOR SERVICE</h2> <p>I HEREBY AUTHORIZE INDICATED SERVICES TO BE PERFORMED AND AGREE TO PAY ALL CHARGES BY CASH, CERTIFIED CHECK OR MONEY ORDER ON DELIVERY OF MY GOODS.</p> <p>DATE _____ SIGNATURE OF SHIPPER OR REPRESENTATIVE _____</p> <p style="text-align: center; color: red; font-size: 24px;">X</p>
ESTIMATOR'S SIGNATURE X	EST. DATE _____		
ESTIMATOR'S NAME (PRINT) _____	(AREA) _____ PHONE _____		
COMPANY _____			
STREET ADDRESS _____			
CITY _____	STATE _____	ZIP _____	

SEE REVERSE SIDE FOR CONTRACT TERMS AND CONDITIONS

