

CHANGE ORDER FOR SERVICES

THIS WILL CERTIFY AND ATTEST THAT SHIPPER OR SHIPPER'S REPRESENTATIVE AS SHOWN ON AGREEMENT FOR MOVING SERVICES AND BILL OF LADING NO. _____ DATED _____ WITH (CARRIER'S NAME) _____ REQUESTS ADDITIONAL SERVICES AND CHARGES AS INDICATED ON REVERSE OF THIS FORM. THIS DOCUMENT ISSUED AT:

| | | | |
|-------------|----------------|-----------|----------------|
| FROM | FLOOR _____ | TO | FLOOR _____ |
| | APT. NO. _____ | | APT. NO. _____ |
| | PHONE _____ | | PHONE _____ |

READ THIS CONTRACT



C=Explanation
P=Packing
L=Loading
D=Driving
UL=Unloading
UP=Unpacking
X=Time Out For

DELIVERY INSTRUCTIONS

NOTE: Additional charges for storage, extra handling and transportation will accrue if goods not accepted at destination. Notify: _____ Address/Phone: _____ Shipper Can't Furnish

STORAGE ORDERED
In Transit Regular

The Company is hereby authorized to wrap and moth treat. A charge will be made for handling in and out of storage and for wrapping, moth treating and accessorial services. Notice of Change of address of depositor must be given to company in writing. Store in any depository in _____

Name of _____ @ _____ c/cwt.
 Bill and Notify Address _____
 Add'l Days _____ c/cwt./day
 Warehouse Handling _____ lbs @ _____ c/cwt.

DESCRIPTION OF ARTICLES

HIGH VALUE PRODUCTS & ELECTRONICS USED OFFICE & STORE FIXTURES & EQUIPMENT USED HOUSEHOLD GOODS & PERSONNEL EFFECTS

Does Shipper Request Advice of Weight and Charges? Yes No

Tariff applying to this shipment is **PUC MAX 4**

| HUNDREDWEIGHT RATE | AQ-B/P | 1000 lbs. | 2000 lbs. | 5000 lbs. | 8000 lbs. |
|--------------------|--------|-----------|-----------|-----------|-----------|
|--------------------|--------|-----------|-----------|-----------|-----------|

| | | | | | |
|---------------------|-------------|-------|------------|------------|--|
| (Bet. Points Named) | Min. Weight | Miles | 12000 lbs. | 16000 lbs. | |
|---------------------|-------------|-------|------------|------------|--|

| | | | | | |
|-------------------------------------------------------|----------------------------------|------------------------------------|-----|--------------------|-----|
| Long Carry Pickup and del. at other than ground floor | Per Cwt. Per Flight & Add'l Chg. | Extra pickup and/or Delivery at \$ | ea. | Transit Store Rate | CWT |
|-------------------------------------------------------|----------------------------------|------------------------------------|-----|--------------------|-----|

| | | |
|-------------------------------|--------|----------------------------------------------|
| HOURLY RATE: Min. Chg. | 1 Hour | Additional helpers if requested minimum chg. |
|-------------------------------|--------|----------------------------------------------|

| | | | |
|----------------|---------|-------|-----------------|
| Van and Men \$ | Per Hr. | at \$ | per man per hr. |
|----------------|---------|-------|-----------------|

ACCESSORIAL RATE: Del. or pickup of ship. containers

| | | | | |
|----------------|----|-----|----------------------|-----------------------|
| NO. OF PACKERS | \$ | EA. | Or Hourly Chg. of \$ | Inventory Hourly Rate |
|----------------|----|-----|----------------------|-----------------------|

| | | | | |
|---------------------------------------|---------|----|-------|-----------|
| CRATING <input type="checkbox"/> @ \$ | Per Hr. | of | Hours | Min. Chg. |
|---------------------------------------|---------|----|-------|-----------|

| | | | | |
|-----------|---------|----|---------|------|
| UNPACKING | Per Man | \$ | Loading | Hrs. |
|-----------|---------|----|---------|------|

| | | | |
|-----------------------------------------|---------|----------------|------|
| UNCRATING <input type="checkbox"/> @ \$ | Per Hr. | Double Driving | Hrs. |
|-----------------------------------------|---------|----------------|------|

| | | | | | |
|---------------------------------------|-------------|-----------------|-------|--------|------|
| PIECE MOVING (Not over 5 pcs.) | 1st Article | Add'l. Articles | Miles | Unload | Hrs. |
|---------------------------------------|-------------|-----------------|-------|--------|------|

VALUATION DECLARATION The Articles listed will be included in the Valuation-Declared in the Agreement for Moving Services unless a change is requested. Shipper requests a change in the valuation listed in the Agreement for Service and declares shipment to be:

Driver _____
 Helper _____
 Helper _____
 Van No. _____

\$ _____
 To be completed by shipper signing below

The level of protection actual cash value or full value indicated on the Agreement will apply at carriers stated rate per \$100 of declared value, unless otherwise indicated here.

TRANSPORTATION OPTIONS
 _____ 60c Per pound per article - No additional cost.

Actual Cash Value @ \$ _____ per \$100 of Declared Value.

Full Value @ \$ _____ per \$100 of Declared Value - Deductible \$250.00 \$500.00

INITIALS
STORAGE IN TRANSIT VALUATION OPTIONS

Actual Cash Value @ \$ _____ per \$100 of Declared Value.

Full Value @ \$ _____ per \$100 of Declared Value - Deductible \$250.00 \$500.00

I UNDERSTAND THAT THE COST FOR SERVICES RENDERED WILL "NOT EXCEED"

SHIPPER UNDERSTANDS THAT SHOULD SHIPPER REFUSE TO SIGN CHANGE ORDER, MOVER IS NOT LEGALLY PERMITTED TO PROVIDE CHANGE ORDER SERVICES REQUESTED.

I understand that I may be required to pay for the services requested above at time of delivery. These charges are in addition to those charges set forth on the ESTIMATED COST OF SERVICES. Carrier is not required to extend credit in the amount of the charges accrued for the above additional services. I have read this contract and agree with the provisions herein, and received a copy.

Additional articles and other services: _____

| MATERIALS | MATERIAL | | PACKING | | UNPACKING | | AMOUNT |
|-------------------------------|----------|------|---------|------|-----------|------|--------|
| | Qty. | Rate | Qty. | Rate | Qty. | Rate | |
| Dishpack (not over 5 cu. ft.) | | | | | | | |
| Cartons: 1 1/2 cu. ft. | | | | | | | |
| 3 cu. ft. | | | | | | | |
| 4 1/2 cu. ft. | | | | | | | |
| 6 cu. ft. | | | | | | | |
| Mattress: Single | | | | | | | |
| Mattress: Double | | | | | | | |
| King or Queen Size | | | | | | | |
| Crib | | | | | | | |
| Mirror Cartons | | | | | | | |
| Wardrobe | | | | | | | |
| Crates | | | | | | | |

DELIVERY / PICK-UP OF CONTAINER @ \$

| PACKERS NAME | HOURS | DATE |
|--------------|-------|------|
| | | |
| | | |

TOTAL HOURS @ \$ _____ Per Hr.

Sales Tax % _____ County _____

No. of Packers Origin Dest. TOTAL PACKING _____

HOURS **CARTAGE @ \$** _____ Per Hr.

Overtime _____ Hours @ \$ _____ Per Hr.

Extra Man () _____ Hours @ \$ _____ Per Hr.

APPLIANCES to be serviced _____ If none write "NONE"

EXTRA PICK-UP OR DELIVERY _____

HOISTING / LOWERING

| | | | |
|--------------|------|----------|------|
| Gross Weight | Lbs. | Tare Wt. | Lbs. |
|--------------|------|----------|------|

| | | |
|------------|-----------|----------|
| Net Weight | Lbs. @ \$ | Per Cwt. |
|------------|-----------|----------|

Flight Charge/Long Carry _____

@ _____ ¢ Per Cwt.

VALUATION CHARGE _____

ESTIMATED CHARGES \$ _____

TO BE PAID BY CASH CHECK CERTIFIED CHECK MONEY ORDER CREDIT CARD APPR. BILLING

TOTAL _____

WORK ORDER

ADDITIONAL SERVICES REQUESTED

| SERVICE | AMOUNT | SERVICE | AMOUNT |
|-------------------------------------|--------|--------------------------------------|--------|
| Additional Helpers (No.) | | Overtime packing labor | |
| Appliance servicing | | SIT storage charge | |
| Elevator at origin | | SIT storage charge | |
| Elevator at destination | | SIT move to warehouse | |
| Flights at origin (No.) | | SIT move from warehouse | |
| Flights at destination (No.) | | SIT warehouse handling | |
| Hoisting or lowering at origin | | SIT warehouse wrapping or fumigation | |
| Hoisting or lowering at destination | | Shipment valuation \$ | |
| Shipment Valuation \$ | | Valuation Charge at per \$100.00 | |
| Valuation Charge at per \$100.00 | | Shuttle service at destination | |
| Long carry at origin (No.) | | Disassembly of items | |
| Long carry at destination (No.) | | Assembly of items | |
| Split delivery | | Van & 1 man | |
| Split pickup | | Van & 2 men | |
| Packing material delivery | | Overtime or Premium Labor | |
| Packing material | | Expedited Service | |
| Packing labor: Hourly :By Unit | | Bulky Article(s) (No.) | |
| Unpacking labor: Hourly :By Unit | | Other (Describe) | |
| | | | |
| | | | |
| | | | |
| TOTALS | | TOTALS | |

ADDITIONAL ARTICLES TO BE MOVED

| ARTICLE | Cu. Ft. Per Pc. | No. of Pieces | Cu. Ft. | ARTICLE | Cu. Ft. Per Pc. | No. of Pieces | Cu. Ft. | ARTICLE | Cu. Ft. Per Pc. | No. of Pieces | Cu. Ft. |
|------------------------------------------------|-----------------|---------------|---------|---------|-----------------|---------------|---------|---------|-----------------|---------------|---------|
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| TOTAL CUBIC FEET | | | | | | | | | | | |
| APPROXIMATE ADDITIONAL WEIGHT IN POUNDS | | | | | | | | | | | |
| @ 7 lbs. per cu. ft. | | | | | | | | | | | |

SPECIAL INSTRUCTIONS