

CHANGE ORDER/ADDENDUM TO ESTIMATED COST OF SERVICES

Shipper _____
 Origin _____

Date of Shipment _____
 Destination _____

The undersigned states that the circumstances of the shipment of the household goods have changed since the original Estimated Cost of Services. The following changes need to be made to the original Estimated Cost of Services.

CHANGES AFFECTING COST

Prior Total Weight _____ / _____

Prior Total Cost _____

Description of Changes:

Amount

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

New Total Weight _____

New Total Cost \$ _____

CHANGES NOT AFFECTING COST

Previous Dates For:	New Dates For:
Packing _____	Packing _____
Loading _____	Loading _____
Unloading _____	Unloading _____
New Delivery Address _____	

I have read this document and I agree to the changes noted herein as they affect my shipment.

Shipper _____

Date _____

Carrier's Representative _____

Date _____