

Estimate/Order for Service

		Date	11/02/05		
		Ref #	AFS1232		
Agent	Your Agency Name here	Carrier	Your Van Line Name		
	1234 Address		P.O. Box 988		
	Your Town, USA		Fort Wayne, Indiana 46801		
	708-960-1234		Phone (219) 429-2511		
Shipper	JOHN DOE	Consignee	JANE DOE		
Address	1234 ANYWHERE	Address	234 HILL AVE		
City St	YOUR TOWN IL 60515	City St	STARKE FL 32091		
Phone #	630-960-2213	Phone #	904-964-9815		
		Packing	10/01/05		
		Loading	10/02/05		
		Delivery	10/05/05		

Orig SA	252-Chicago, IL	Rates EffDate	11/02/2005	DOE Price / FS%	3.144 /21.00%
Dest SA	176-Jacksonville, FL	Load Date	10/02/05	Valuation Option	FVP
Tariff	400N/400N (01/01/2005)	Transp Weight	10200	Valuation Amount	60000.00
Orig Zip	605	Dest Zip code	320	Valuation Deductible	0.00

Shipment Information

Zip3 605 Origin (Sch 3)
 Zip3 606 S.I.T. (see below)
 Zip3 605 Orig Stopoff (Sch 3)
 Zip3 320 Destination (Sch 2)

Charge Breakdown

<u>Description of Service</u>	<u>Qty</u>	<u>Weight</u>	<u>Rate</u>	<u>Charges</u>
Transportation Charges		10200		5130.83
Item 60 - I.R.R. 4.00%				205.23
Item 135 - Orig Service Charge		10200	3.50	356.49
Item 28 - Orig Extra Stop @ Zip: 605			53.47	53.47
Item 135 - Dest Service Charge		10200	1.40	142.29
Item 105 - Full Packing		10200	24.60	2509.20
Item 105 - Full Unpacking		10200	5.62	572.73
S.I.T. at Origin Zip: 606				
Item 185 - 1st Day of SIT	1	10200	6.29	641.08
Item 185 - Addtl Days SIT	4	10200	0.27	110.16
Item 210 - P/D SIT		10200		1650.72
Item 60 - SIT I.R.R.				66.03
Item 195 - S.I.T. Valuation				44.00
Item 53 - Declaration of Value \$60000				
Basic Coverage (.60/lb)		0.00		
FVP (min value \$50000)	1.	0 Deductible	440.00	440.00
	2.	250 Deductible	275.00	
	3.	500 Deductible	190.00	
				=====
		Total Charges		11922.23
		110% of Total		13114.45

Any Fuel Surcharge is determined by applicable DOE price and is subject to change

Final charges calculated for your shipment, based on actual weight and services, will be those appearing in this carrier's tariffs applicable to the transportation. These final charges may exceed the approximate costs appearing in your estimate. This estimate is not binding upon this carrier and the charges shown are the approximate charges to be assessed for the services identified in this estimate. You may not be required to pay more than 110 percent of the non-binding estimate at the time of delivery. All charges to be paid in U.S. funds by cash, postal money order, cashier's or approved personal check payable to this carrier, American Express, Discover, MasterCard or Visa charge cards.

NOTE TO CUSTOMER: Packing containers and materials are your property. The unpacking service includes removal of those items unless you direct otherwise. An additional charge will be assessed for the disposal of packing materials from items unpacked by shipper or carrier on a date other than at delivery time.

This shipment will be weighed and the charges for the service will be based on the actual weight and services performed.

This shipment is subject to minimum of weight _____ charges _____.

CUSTOMERS DECLARATION of VALUE

THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE

You must select in your own handwriting, one of the following two options for your shipment. The option you select establishes your mover's maximum liability for your goods, subject to the rules contained in your mover's tariff.

OPTION 1: FULL VALUE PROTECTION. If any article is lost, destroyed or damaged while in your mover's custody, your mover will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you for the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. An additional charge applies for this option.

To select Option 1, You must write, on the line below either a lump sum dollar amount for the value of your shipment that may not be less than \$5,000.00, or an amount per pound that may not be less than \$4.00 per pound, whichever is greater.

The Value of my Shipment is: Lump Sum \$ _____ or _____ per pound.

You must select one of the following deductible amounts that will apply for your shipment:

No Deductible (_____) \$250 Deductible (_____) \$500 Deductible (_____)
(initial) (initial) (initial)

OPTION 2: RELEASED VALUE of 60 CENTS PER POUND PER ARTICLE. If any article is lost, destroyed or damaged while in your mover's custody, your mover's liability level is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.

To select Option 2, you must write on the line below, the words "60 cents per pound per article"
The value of my shipment is: _____

Your signature is required here: I acknowledge that I have 1) declared a value for my shipment and selected a deductible amount, if appropriate, and 2) received and read a copy of your mover's brochure explaining these provisions and the applicable charges.

Customer's Signature _____ Date _____

Carrier's Representative and Shipper's Signature Section

In the event additional services are required and provided the cost of these will be in addition to the amount stated above. Such services and applicable charges will be based upon the Tariff rates in effect on the date of this service.

1. All charges are to be paid in U.S. funds via cash, postal money order, cashier's check or approved personal check payable to this carrier, American Express, Discover, MasterCard or Visa charge cards.
2. I understand that the terms of this estimate and all services to be provided are subject to this Carrier's tariffs incorporated by this reference and available for inspection at this Carrier's general offices.
3. I acknowledge receipt of a copy of this Estimate / Order for service.
4. I also understand that the potential for shuttle charges at either origin or destination exists, if the vehicle assigned to my shipment is unable to be safely and legally positioned at a reasonable distance from my residence. Bridge and ferry charges will also apply if required.
5. I have received a copy of Publication "Your Rights and Responsibilities When You Move", "Here's what you need to know about Placing a Value on Your Household Goods shipment Before You Move" and a summary of the "AMSA Dispute Settlement Program".
6. I hereby request the above-named carrier to furnish the transportation facilities and services described in this order, subject to the contract terms and conditions of the carrier's household goods bill of lading, which bill of lading will be issued at the time carrier takes possession of this shipment, and subject to the tariffs of the carrier in affect on the date transportation services commence.

THIS CARRIER, BY SIGNATURE BELOW, AGREES TO PROVIDE THE SERVICES OUTLINED ABOVE.

By _____
Agt # Carrier Representative Customer or Customer's Representative Date