Your Carrier's Name
P.O. Box 509
112 Great Movers Road
Anytown, USA 47709

ESTIMATE/ORDER FOR SERVICE

PLEASE REFER TO THIS NUMBER IN ANY CORRESPONDENCE
ORDER NUMBER
ABC1323

DATE 11/02/2005

SHIPPER JOHN DOE
PHONE 630-960-2213
STREET ADDRESS 1234 ANYWHERE
ORIGIN YOUR TOWN, IL 60515

CONSIGNEE JANE DOE
PHONE 904-964-9815
STREET ADDRESS 234 HILL AVE
DEST STARKE, FL 32091

PACKING DATE	AGREED PICKUP PERIOD	GUARANTEED PICKUP DATE	AGREED DELIVERY PERIOD	GUARANTEED DELIVERY DATE
10/01/05	10/02/05	10/03/05	10/05/05	10/06/05

☐ Guarantee Service dates if applicable allowance if any _____
☐ C.O.D. ☐ PPD ☐ GOV ☐ Natl Acct _____

NOTIFY WITH ACTUAL CHARGES:
NAME KELLY MARTIN 630-960-4514
ADDRESS 2415 S WILSON RD.
TEL DOWNERS GROVE, IL 60515

BILL TO: KIM JOHNS
P.O. BOX / .
STREET: 134 LAKE ST
CITY & ST: DOWNER GROVE IL 60515
ATTN:

☐ EXCLUSIVE USE OF A _____ CU FT VEICHLE ORDERED (MIN 1400 FT)
☐ SPACE RESERVATION _____ Cu ft ordered (min 300 ft)
☐ SELECTED DELIVERY DATE REQUESTED. SHIPMENT TO BE TRANSP. AT AGREED MINUMIN WEIGHT OF _____ POUNDS

SIGNATURE OF SHIPPER OR THEIR AGENT X

Shippers Contact:

Origin Agent: A223 PAUL CLARK 630-960-4575
DOWNERS GROVE IL 60515

Charges Notify: Delay: PAM RILEY 904-964-2424
STARKE, FL 32091

Dentination Agent: B233 KATHY JAMES 630-960-8415
STARKE FL 32091

COST OF CONTAINERS PACKING & UNPACKING	Containers NUMBER	Containers EACH	Containers TOTAL	Packing Schedule (3) NUMBER	Packing Schedule (3) EACH.	Packing Schedule (3) TOTAL	Unpacking Schedule (2) NUMBER	Unpacking Schedule (2) EACH	Unpacking Schedule (2) TOTAL
Dish Pack ctn				1	42.46	42.46	1	9.74	9.74
1 1/2 ctn				1	10.16	10.16	1	2.31	2.31
3.0 ctn				1	15.37	15.37	1	3.51	3.51
4 1/2 ctn				1	18.75	18.75	1	4.25	4.25
	Total Containers			Total Packing		86.74	Total Unpacking		19.81

BULKY ARTICLE	MIN WT	CUBIC FT	CONTRACT	TARIFF	SECTION	EXCEPTION	MILES	PERCENT	RATE
				400N	3				

Year / Make / Model	WEIGHT HHG'S	WEIGHT AUTO	WEIGHT TOTAL	BASE WEIGHT	BASE CHARGE	EXCESS CHARGE WEIGHT	EXCESS CHARGE RATE	Total L/H Charges
	10200		10200	10200	4748.33			4748.33

Special Instructions/Comments
WASHER/DRYER COMBO

Scale Location: (Orig Zip: 605 - Dest Zip: 320)
Shipper requests to view Weighings yes ☐ no ☐

Shipper hereby makes, constitutes and appoints Name:_____ Addr _____ Phone_____ as true and lawful agent for shipper to act in shipper's name, place and stead, to give carrier instructions, perform all acts and to execute all documents pertaining to the transportation and services ordered. All terms written, and printed, stamped or typed on the front or back of this form, are agreed to by both parties. Unless credit approval is completed in advance of shipment, all monies must be paid in U.S. funds, by cash, cashier's check, certified check or money order at or before the time of delivery. If credit is extended by the carrier by agreeing to bill an employer or other party, and in the event that any or all of the charges are not paid, the owner of the goods and/or beneficiary of the services acknowledges he remains primarily liable for payment.

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 the $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 (_____) (intiial) $250 Deductible (_____) (initial) $500 Deductible (_____) (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: _____

ESTIMATE SUMMARY

A. For a binding estimate, only services and quantities shown on binding estimate are included in this bound amount. Additional costs may result if items are added or additional services are performed.
B. For a non-binding estimate, only articles and services listed on the estimate are included in this non-bound amount. It is not a guarantee that the actual charges will not exceed the amount of the estimate.
C. If the total charges for the listed articles and services exceed the amount of the non-binding estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon payment of the estimate plus ten percent, plus payment in full for any services not shown in the estimate. You are obligated to pay the balance of the total charges within thirty days of delivery.

X_____ Date _____ _____
Your signature is required here acknowledging your stated Declaration of value (noted above) and receipt of the following: (Estimate valid thru)
1) Estimate
2) OCE-100 (Your rights & Responsibilities When You Move)
3) Inventory of Items Valued in Excess of $100 Per Pound Per Article (High Value Inventory) form:
4) Mover's Valuation brochure

X_____ _____
Carrier Representative Agent Code

Description	Rate	Other Chgs
Fuel Surcharge 21%		997.15
Item 60 IRR 4%		189.93
Item 135 Fee(orig) 10200 Lbs	3.50	356.49
1st Stopoff (orig)@ Zip: 605 (1)	53.47	53.47
Extra Labor (orig) (2.50)	32.89	82.21
1st Shuttle (orig) Miles: 25		1072.00
Overtime Loading (1) 10200 Lbs	5.11	521.22
Item 135 Fee(dest) 10200 Lbs	1.40	142.29
1st Dly Self/Mini (1) 10200 Lbs	179.50	179.50
Automobiles (1)	80.21	80.21
Light/Bulky Article (1)	80.21	80.21
Custom Packing		86.74
Custom UnPacking		19.81
FVP Chg (60000)		440.00
S.I.T. FVP Valuation		44.00
S.I.T. @ Zip:325		
S.I.T. 1st Day (1) 10200 Lbs	5.11	521.22
S.I.T. Ea Addit day (4) 10200 Lbs	.19	77.52
S.I.T. Drayage Chg 10200 Lbs		3380.50
S.I.T. Fuel Srchg 21		709.91
S.I.T. IRR 4%		135.22

Sub Total of Transportation and Accessorials 8609.56

Sub Total of Storage in Transit 4824.37

Sub Total of Valuation & 3rd Party Chgs 484.00

(110% of Total = 15309.72) Shipment 13917.93

You should sign below only if you wish this carrier to perform the services required.
By signing, shipper also acknowledges receipt of the Order for Service

X_____
Shipper Date