

Your Van Line Name  
P.O. Box 988  
Fort Wayne, Indiana 46801  
Phone (219) 429-2511

# ORDER FOR SERVICE

Registration No.  
ABC123

Customer JOHN DOE Consignee JANE DOE  
Street Address 1234 ANYWHERE Street Address 234 HILL AVE  
City/State/Zip YOUR TOWN IL 60515 City/State/Zip STARKE FL 32091  
County DUPAGE Phone 630-960-2213 County BRADFORD Phone 904-964-9815

**Non-binding.** The charges shown are the approximate charges that will be assessed for the services identified in the estimate. Actual charges may be more or less than those shown and will include charges for additional services provided. The final charges on this shipment shall be those appearing in This carrier's tariffs applicable to transportation. Exact charges are based on the weight or volume of goods transported and services performed and may not be determined prior to the time the goods are delivered. If the total charges for the services provided exceed the estimate by more than 10%, you will not be required to pay more than 110% of the estimated amount at the time of delivery in order to complete delivery of your goods. You will be billed for the balance no sooner than 30 days after delivery and you are obligated to pay the balance. \_\_\_\_\_ (Customer's initials).

**Standard Estimate:**  
Non Binding Charges: \$ 13616.44  
110% Collection Option: \$ 14978.09  
With unknown destination services,  
110% Collection Option: \$ 14978.09

**Binding.** The charges shown are the charges that will be assessed for the services identified in the estimate and are the maximum charges that will be required to be paid at time of delivery. The binding charges exclude SIT, Valuation, and Advanced Charges. If additional destination services are provided, additional charges (based on the tariff rates in effect on the date of the estimate) will be billed no sooner than 30 days after delivery and you are obligated to pay the balance. \_\_\_\_\_ (Customer's initials).  NTE APPLIES

**Binding Estimate:**  
Binding Charges: \$ \_\_\_\_\_  
Non-Binding Charges: \$ \_\_\_\_\_  
Total Estimated Charges: \$ \_\_\_\_\_  
Total Estimated Charges with unknown destination services: \$ \_\_\_\_\_

**Binding Estimate valid ONLY for 60 days from date of customer's signature.**

All charges are to be paid in U.S. funds by cash, postal money order, cashier's or approved personal check payable to this carriers, American Express, Carte Blanche, Diners Club, Discover, MasterCard or Visa charge cards.

Subject to minimum weight of 1000 lbs of minimum charge of: \$ \_\_\_\_\_

**Packing Choice:**  None  Full Pack  Custom Pack **UnPack Choice:**  None  Full UnPack  Custom UnPack

**Note to Customer:** Packing containers and materials are your property. The unpacking service includes removal of these items unless you direct otherwise. An additional charge will be assessed for disposal of packing materials from items unpacked by customer or carrier on a date other than at delivery time.

### CUSTOMER'S 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 this carriers maximum liability for your goods, subject to the rules contained in this carriers tariff.

**OPTION 1: FULL VALUE PROTECTION.** If any article is lost, destroyed or damaged while in custody, this carrier will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received, or pay you 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 \$5000.00, 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 also select one of the following deductible amounts that will apply for your shipments:

No Deductible (\_\_\_\_\_) (initial) \$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 custody, this carriers liability 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"**

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 this Carriers Important Information Booklet explaining these provisions and the applicable charges.

**Customer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Special Services Ordered by Customer

Exclusive use of a \_\_\_\_\_ Cu Ft Expedited Srv \_\_\_\_\_  
Space Reservation \_\_\_\_\_ Cu Ft \_\_\_\_\_ Hoist/Lower \_\_\_\_\_

Labor \_\_\_\_\_  
Transit S.I.T.  Origin  Destination Miles: \_\_\_\_\_  
Type Shpt:  Charge  Credit Card  PrePaid  COD  Appr Chk

Booking Agent PAUL CLARK Code B123  
Origin Agent KIM JOHNS Code B22  
Address 134 LAKE ST Phone 630-960-1245  
City State Zip DOWNERS GROVE IL 60516  
Dest Agent JAMIE SMITH Code A244  
Address 2414 ADAMS Phone 904-964-1178  
City State Zip STARKE FL 32091

Pack Dates Requested	Agreed P/U Dates	Agreed Del. Dates
10/01/05	10/02/05	10/05/05

Name of Estimator: KELLY COOK  
By signature below, agrees to provide the services outlined.

Customer Requests Notification of Actual Weight and Charges  No  Yes

Customer's Contact:  Enroute  Destination  
Name KATHY JAMES Phone 630-960-5113  
Street 2839 CONCORD AVE  
City & State DOWNERS GROVE IL 60515

Additional Instructions / Billing Information / Remarks:  
JOHN DOE  
234 HILL AVE  
STARKE FL 32091

(Optional) I appoint \_\_\_\_\_ as my agent, in my name and place, to give This carrier instructions and to perform and execute all documents pertaining to this transportation.

By signing this Order for Service, I acknowledge that I have been advised of my right to observe the weighing of my shipment and to be informed of the scale to be used and that I have received a copy of this carriers' Important booklet and a High Value Inventory form.

This is not a contract. Signature below does not obligate you to move with This Carrier.  
**X**

Agt \_\_\_\_\_ Agent Code No. \_\_\_\_\_ Agent Representative \_\_\_\_\_ Customer Signature \_\_\_\_\_ Date \_\_\_\_\_