



Estimate/Order for Service

Agent Your Agency Name here
Date 10/31/2005
Ref # ABC123
Carrier Atlas Van Lines
Shipper JOHN DOE
Consignee JANE DOE
Dest Agt JAMIE SMITH
Packing 10/01/05
Loading 10/02/05
Delivery 10/03/05

Orig SA 252-Chicago, IL Rates Effdate 10/31/2005 DOE Price / FS% 3.144 /21.00%
Dest SA 176-Jacksonville, FL Loading Date 10/02/05 Valuation Option .60 per lb
Tariff 400N/ATVL (10/15/2005) Transp Weight 10200 Valuation Amount 0.00
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 320 Destination (Sch 2)

Charge Breakdown

Table with 5 columns: Description of Service, Qnty, Weight, Rate, Charges. Includes items like Transportation Charges, I.R.R., Service Charges, Packing, Unpacking, S.I.T., and Declaration of Value.

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 Atlas' tariffs applicable to the transportation. These final charges may exceed the approximate costs appearing in your estimate.

NOTE TO CUSTOMER: Packing containers and materials are your property. The unpacking service includes removal of those items unless you direct otherwise.

disposal of packing materials from items unpacked by shipper or carrier on a date other than at delivery time.

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 \$10,000.00, or an amount per pound that may not be less than \$5.00 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 \_\_\_\_\_

ADDITIONAL INFORMATION: Federal regulations require that we provide you with a reasonably accurate estimate of costs. Since neither you nor we are aware of all possible conditions at destination, these are the charges that will be added to the total charges should these services be required:

Table with 2 columns: Additional Service, Charge Amount. Rows: DEBRIS REMOVAL (150.00), DESTINATION LABOR CHARGE (125.00)

Carriers Representative and Shipper's Signature Section

- 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 Atlas Van Lines, American Express, Carte Blanche, Diners Club, 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