ORDER FOR SERVICE

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

SHIPPER _____
ADDRESS _____
FLOOR _____ ELEV. _____ TEL: _____
CITY _____ STATE _____

CONSIGNED TO _____
ADDRESS _____
FLOOR _____ ELEV. _____ TEL: _____
CITY _____ STATE _____

CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY)
NAME _____
ADDRESS _____
CITY _____ STATE _____ PHONE _____

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN

PACKING DATE REQUESTED (if applicable)	AGREED PICKUP DATE or period of time (if applicable)	GUARANTEED PICKUP DATE (if applicable)	AGREED DELIVERY DATE or period of time (if applicable)	GUARANTEED DELIVERY DATE (if applicable)	GUARANTEED SERVICE DATES (if applicable)
				Daily Allowance	

SHIPPER'S CONTACT EN ROUTE

NAME _____
ADDRESS _____
CITY _____ STATE _____ PHONE _____

SHIPPER'S CONTACT AT DESTINATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ PHONE _____

SHIPPER DOES NOT ☐ DOES ☐ REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT:

NAME _____
ADDRESS _____
CITY _____ STATE _____ PHONE _____

Shipment subject to a minimum of ..... $

BINDING ESTIMATE CHARGES ☐ YES ☐ NO

Transportation _____ Dest. Services _____
Origin Service _____ Valuation Chg. _____
Total Charges _____

Total Charges above cover only the articles and services indicated on binding estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for _____ days from date of signing.

Non-Binding Estimated Charges _____
110% Collection Option (COD) _____

BALANCE WILL BE BILLED 30 DAYS AFTER DELIVERY

Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check
Payable To _____

BILLING INFORMATION Type of Shipment ☐ Chg. ☐ P.P.D. ☐ C.O.D.

NAME _____
ADDRESS _____
CITY _____ STATE _____
ATTENTION OF: _____

THE SHIPPER (OR HIS REPRESENTATIVE) BY HIS SIGNATURE HEREBY ORDERS THE SERVICES OUTLINED HEREIN TO BE PERFORMED ON HIS BEHALF; AND FURTHER ACKNOWLEDGES THAT ALL ARRANGEMENTS REGARDING CONTACT WHILE EN ROUTE AND/OR AT DESTINATION, METHOD OF PAYMENT, AND NOTIFICATION OF CHARGES ARE AS DESIGNATED BY HIM.

_____ X _____
DATE SHIPPER OR HIS REPRESENTATIVE

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFIED.

_____ X _____
DATE CARRIER'S REPRESENTATIVE

ADDITIONAL INFORMATION:

SERVICES	CHARGES
Transportation FROM ZIP TO ZIP	
Origin/Destination Fee	
Fuel Surcharge (when applicable)	
Insurance Surcharge (when applicable)	
Valuation	
Containers, Packing & Unpacking	
Storage-In-Transit at ZIP Location_____ Date In_____ Date Out_____	
SIT Pickup and Delivery	
Extra Pickups or Deliveries No._____ at ZIP(s) _____	
Extra Labor, Special Services or Waiting Time	
Bulky Articles	
Additional Weight Additives	
Advanced Charges	
Shuttle Service	
Self-Storage/Mini-Warehouse Pickups or Deliveries	
Overtime Pickups or Deliveries	
Other Additional Services	

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 your mover's maximum liability for your goods, subject to the rules contained in your mover's tariff.

OPTION 1: Full (Replacement) 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 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, or an amount per pound that may not be less than $4.90 ( ) per pound, whichever is greater.

The value of my shipment is: _____

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

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 your mover's custody, your mover's 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 the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.

Customer's Signature _____ Date _____

Extraordinary (Unusual) Value Article Declaration

I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of $100 Per Pound Per Article" that are included in my shipment and that I have given a copy of this Inventory to the mover's representative. I also acknowledge that the mover's liability for loss of or damage to any article valued in excess of $100 per pound will be limited to $100 per pound for each pound of such lost or damaged article (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage is made on the attached inventory.

Customer's Signature _____ Date _____