



Bill of Lading & Freight Bill for Moving or Packing Services

11/2009

Date: _____

Shipper Name: _____ Phone: (h) _____ (w) _____ (other) _____

From: _____ To: _____

This is a Service Agreement between Starving Artists Moving Corp. ("Carrier") and the above named Shipper ("You").

Carrier agrees to provide _____ men and a truck at \$ _____ per hour, with a \$ _____ job minimum, plus \$ _____ per mile for each truck. Such time and mileage to be computed round-trip from the Carrier's terminal: either 134B Hall Street in Concord, NH; the corner of Elm and Hanover in Manchester, NH; or Exit 20 on Route 93 in NH; whichever is closer to the Shipper's pick-up address. For packing Service, there is an additional charge for packing supplies. See enclosed list.

Declaration of Value.

The shipper must select one of the options below prior to the start of any packing or moving service. In the event the Shipper does not select one of these options, the Carrier's maximum liability for loss and damage shall be \$.60 per pound per article. Example: a hundred (100) pound dresser is covered for sixty dollars (\$60). Both options are subject to the "Exclusion of liability" section below.

Option A. Declared value of \$.60 per pound per article. There is no charge for this option.

Option B. A Declared lump sum value of \$ _____ (\$10,000 minimum). The charge for this option is eight-five dollars (\$85.00) per \$10,000 with a \$250 deductible. Carrier will apply depreciation to any claim made under this option and will repair or replace the item or compensate the Shipper at Carrier's discretion.

Shipper shall make damage claims to Carrier (under Option A or B) in writing within thirty (30) days of the date of this contract.

We will not accept a bill for damages without prior approval.

(THIS DOES NOT REPRESENT INSURANCE IN THE LEGAL SENSE. MOVING COMPANIES ARE NOT LICENSED TO SELL INSURANCE)

I SELECT OPTION _____ _____ **SHIPPERS SIGNATURE** _____ **DATE** _____
A OR B

EXCLUSION OF LIABILITY

Notwithstanding the above agreement, Carrier expressly excludes any liability for damage caused to or caused by any of the following items or situations: **a)** Items of extraordinary value. Such items may include, but are not limited to: antiques, collectors items, rare stamps or coins, items of rare artistic value, furs, jewelry; **b)** Loss or damage to bills, currency, securities, notes; **c)** Firearms, explosives, corrosive items; **d)** Perishable goods such as, but not limited to, food; **e)** Delicate electronic equipment, including, but not limited to, computers, copy machines, telephone equipment; **f)** Items composed partially or totally of slate, stone, cast metal, or ceramics; **g)** Liquids; **h)** Goods wholly or partially packed by Shipper; **i)** Pets and Plants; **j)** The working condition of home appliances in the absence of visible damage; **k)** Goods which are due to inherent weakness cannot sustain the stress of moving, such as furniture composed of composition board and/or veneer; **l)** Shipper helping moving his/her belongings; **m)** The assembly and/or disassembly of items; **n)** Glass which is either beveled, antique, unbacked, curved, unframed or has a dimension of 36" or more; **o)** Failure of the Shipper to remove unsafe conditions along the path of the move such as, but not limited to snow and ice; **p)** Defects in furniture, such as protruding staples; **q)** Packing requested on the day of the job; **r)** The loading or unloading of Shipper rented vehicles; **s)** Wet paint or like material(s) on the premises; **t)** Standing lamps

Shipper acknowledges the foregoing exclusion of liability. Shippers Initials: _____

I have read the contract and agree to its terms. _____
SIGNATURE OF SHIPPER OR AGENT DATE

I have done a final walk through with _____ and determined there is nothing more to pack or to put on the truck. _____
CREW MEMBER SHIPPERS INITIALS

All goods have been received in good condition _____
SIGNATURE OF SHIPPER OR AGENT DATE

- | | | | |
|---------------------------------------|---------------|------------------------------|-----------------------------|
| 1. Time Started at Carrier's terminal | _____ : _____ | 9. Auxillary charges: | |
| 2. Time arrived at job site | _____ : _____ | Boxes (list enclosed) | + \$ _____ |
| 3. Time ended job | _____ : _____ | Mileage at Last Drop | _____ |
| 4. Est. time of arrival at terminal | _____ : _____ | - Mileage at terminal | _____ |
| 5. Time elapsed between 1 & 4 | _____ : _____ | = Miles so far | _____ |
| 6. Less break time | _____ : _____ | + Miles back to terminal | _____ |
| 7. Total time charged | _____ . _____ | = Charged Miles | _____ X \$ _____ + \$ _____ |
| 8. Times hourly rate (above) | \$ _____ | Xtra Man-hours: | _____ X \$ _____ + \$ _____ |
| | | - Man hours Credit | _____ X \$ _____ + \$ _____ |
| | | Valuation | + \$ _____ |
| | | Storage | + \$ _____ |
| | | Other Charges | + \$ _____ |
| | | 10. Total Auxillary Charges: | = \$ _____ |

CONTENTS:

DIRECTIONS & NOTES:

CREW:

TRUCK:

TOTAL CHARGES		PAYMENT DUE ON RECEIPT	
Line 8	= \$ _____	<i>Thank You!</i>	
Line 10	= \$ _____		
Total	= \$ _____		
Rec'd	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> M/C VISA
Rec'd by _____	Checked by _____		