

ESTIMATE OF SERVICES

SHIPMENT INFORMATION

Shipper <u>Jane Doe</u> Address <u>123 MAIN STREET</u> City <u>CONCORD</u> State <u>NH</u> Zip <u>03301</u> Phone <u>603-555-5555</u> Work Phone _____ Cell Phone <u>603-555-5555</u>	Consignee (if different from shipper) _____ Address <u>321 SECOND STREET</u> City <u>CONCORD</u> State <u>NH</u> Zip <u>03301</u> Phone _____ Alt Phone _____
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Packing Date _____ <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed	Pickup Date <u>12/31/2099</u> <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed	Delivery Date <u>12/31/2099</u> <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed
Services Dates _____ Penalty or Per Diem _____		

Hauling Carrier MC Number 210983
Starving Artists Movers Corp

Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

TRANSPORTATION AND SERVICES CHARGES

Subject to a minimum weight of 1,000 lbs and, if applicable, a minimum charge of \$ _____

Estimated charges based on: 1,000 lbs

Binding Estimate \$	1,176.00
Transportation	932.58
Fuel Cost - 17%	152.44
Item 135 - Orig	45.70
Item 135 - Dest	45.70

WARNING

If a moving company loses or damages your goods, there are 2 different standards for the company's liability based on the types of rates you pay.

BY FEDERAL LAW, THIS FORM MUST CONTAIN A FILLED-IN ESTIMATE OF THE COST OF A MOVE FOR WHICH THE MOVING COMPANY IS LIABLE FOR THE FULL (REPLACEMENT) VALUE OF YOUR GOODS

in the event of loss of, or damage to, the goods. This form may also contain an estimate of the cost of a move in which the moving company is liable for **FAR LESS** than the replacement value of your goods, typically at a lower cost to you. You will select the liability level later, on the bill of lading (contract) for your move.

Before selecting a liability level, please read "Your Rights and Responsibilities When You Move," provided by the moving company, and seek further information at the government website "www.protectyourmove.gov."

Total Charges \$1,176.00

IF NOTIFICATION OF CHARGES PRIOR TO DELIVERY IS REQUESTED, PROVIDE FAX NUMBER, EMAIL ADDRESS, OR STREET ADDRESS WHERE NOTIFICATION IS TO BE TRANSMITTED

NON-BINDING Estimated Total Charges: _____

OR

BINDING Shipper and Carrier agree to a Binding Charge of \$1,176.00
 This amount is guaranteed for _____ days from the date of signing

For a C.O.D. shipment, the maximum amount to be paid upon delivery is 100% of a binding estimate or 110% of a non-binding estimate (_____).

The estimated charges, non-binding or binding, are based on the articles and services listed below. Any additional services OR any outstanding balance will be billed 30 days after delivery.

- Payment in Cash, Certified Check, Traveler's Check, Bank Cashier's Check
- Payment Credit/Debit Card
- PayPal or Other Online Service
- Deposit of _____

Special Instructions or Comments

By initialling below, Shipper acknowledges receipt of the following informational brochures OR has been made aware that these brochures are available at <https://www.protectyourmove.gov/>

Ready to Move? Tips for a Successful Interstate Move _____
 Your Rights and Responsibilities When You Move _____

ESTIMATE OF SERVICES Date _____

The Carrier has performed an estimate of the services listed. The Shipper (or Representative) acknowledges this estimate reflects requested services. The Carrier Representative acknowledges the estimate may also include necessary or required services for the safe transportation of the shipment.

Shipper's Signature (or Representative) _____ Carrier Representative's Signature _____