

CONTRACTOR OR CARRIER

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

PAGE NO.

NO. OF PAGES

AGENT

CARRIER'S REFERENCE NO.

CONTRACT OR GBL. NO.

GOVT. SERVICE ORDER NO.

VAN NUMBER

OWNER'S GRADE OR RATING AND NAME

ORIGIN LOADING ADDRESS

DESTINATION

CITY

STATE

DESCRIPTIVE SYMBOLS

B/W - BLACK & WHITE TV
C - COLOR TV
CP - CARRIER PACKED
PBO - PACKED BY OWNER
CD - CARRIER DISASSEMBLED
SW - STRETCH WRAPPEDDRO - DISASSEMBLED BY OWNER
PE - PROFESSIONAL EQUIPMENT
PP - PROFESSIONAL PAPERS
MCU - MECHANICAL CONDITION
UNKNOWNRE - BENT
BR - BROKEN
BU - BURNED
CH - CHIPPED
CU - CONTENTS
& CONDITION UNKNOWN

EXCEPTION SYMBOLS

D - DENTED
F - FADED
G - GAUGED
L - LOOSE
M - MARRED
MI - MIL DEWMO - MOTH EATEN
P - PEELING
R - RUBBED
RU - RUSTED
SO - SCRATCHED
SH - SHORTSO - SOILED
ST - STAINED
S - STRETCHED
T - TORN
W - BADLY WORN
Z - CRACKED

LOCATION SYMBOLS

1. ARM
2. BOTTOM
3. CORNER
4. FRONT
5. LEFT
6. LEGS
7. REAR
8. RIGHT
9. SIDE
10. TOP
11. VENEER
12. EDGE
13. CENTER
14. INSIDE
15. SEAT
16. DRAWER
17. DOOR
18. SHELF
19. HARDWARE

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO.	CR. REF.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION	ITEM NO.	CR. REF.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
71	1	TV	PBo		106	1	Night stand	Lchsc	
72		Entry Table	Lchsc		107	2	Dresser	Lchsc	
73		Box spring split	PBo		108		Hand Truck	D.Ru	
74		Box spring split	PBo		109		Patio Table	Lchsc	
75		Box spring split	PBo		110		Patio chair	Lchsc	
76		Box spring split	PBo		111		Patio chair	Lchsc	
77		stool	chsc		112		Patio chair	Lchsc	
78		stool			113		Glass	PBo	
79		stool			114		Bookers Rack	L.D	
80		stool	chsc		5				
81		Wine Rack	D.Ru		6				
82		Mattress	PBo		7				
83		Mattress	PBo		8				
84	2	Dresser	Lchsc		9				
85	1	sofa part	Lchsc		0				
86	3	sofa Recliner	chsc		1				
87	3	sofa Recliner	chsc		2				
88		Bed part	Lchsc		3				
89		Bed part	Lchsc		4				
90	1	sofa part	Lchsc		5				
91	1	End Table	Lchsc		6				
92		End Table	Lchsc		7				
93	3	sofa Recliner	Lchsc		8				
94	1	Mirror	PBo		9				
95	1	Mirror	PBo		0				
96	1	coffee table	Lchsc		1				
97		Bed part	Lchsc		2				
98	1	Night stand	Lchsc		3				
99	1	Night stand	Lchsc		4				
100	1	Mirror	PBo		5				
101	1	Head Board	Lchsc		6				
102	1	Foot Board	Lchsc		7				
103	2	Head Board	Lchsc		8				
104	1	Foot Board	Lchsc		9				
105	1	End Table	Lchsc		0				

ITEM NO.

REMARKS/EXCEPTIONS

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED"

WARNING

BEFORE SIGNING CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

TAPE LOT NO. HP0432

TAPE COLOR

Red

NOS. FROM

THRU

AT ORIGIN

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

DATE

AT DESTINATION

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

DATE

(SIGNATURE)

OWNER OR AUTHORIZED AGENT

(SIGNATURE)

DATE

DATE

(SIGNATURE)

OWNER OR AUTHORIZED AGENT

(SIGNATURE)

DATE

DATE

CONTRACTOR OR CARRIER

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

OWNER'S GRADE OR RATING AND NAME

ORIGIN LOADING ADDRESS

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AGENT

PAGE NO.

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GOVT SERVICE ORDER NO.

VAN NUMBER

DESCRIPTIVE SYMBOLS

BW - BLACK & WHITE TV
C - CORD TV
CP - CARRIER PACKED
PBO - PACKED BY OWNER
CD - CARRIER DISASSEMBLED
SW - STRETCH WRAPPED

DRO - DISASSEMBLED BY OWNER
PB - PROFESSIONAL BOOKS
PE - PROFESSIONAL EQUIPMENT
PP - PROFESSIONAL PAPERS
MCU - MECHANICAL CONDITION UNKNOWN

BE - BENT
BR - BROKEN
BU - BURIED
CH - CHIPPED
CU - CONTENTS
& CONDITION UNKNOWN

EXCEPTION SYMBOLS

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F - FADED
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L - LOOSE
M - MARRED
MI - MILDEW

MO - MOTHEATEN

P - PEELING

R - RUBBED

RU - RUSTED

SC - SCRATCHED

SH - SHORT

SO - SOILED

ST - STAINED

S - STRETCHED

T - TORN

W - BADLY WORN

Z - CRACKED

LOCATION SYMBOLS

1. ARM
2. BOTTOM
3. CORNER
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7. REAR
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11. VENEER
12. EDGE
13. CENTER
14. INSIDE
15. SEAT
16. DRAWER
17. DOOR
18. SHELF
19. HARDWARE

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

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1		Box	PBO		36		Box	PBO	
2					7				
3					8				
4					9				
5					40		Box	PBO	
6					1				
7					2				
8					3				
9					4				
10		Box	PBO		5				
1					6				
2					7				
3					8				
4					9				
5					50		Box	PBO	
6					1				
7					2				
8					3				
9					4				
20		Box	PBO		5				
1					6				
2					7				
3					8				
4					9				
5					60		Box	PBO	
6					1				
7					2				
8					3				
9					4				
30		Box	PBO		5		Box	PBO	
1					6		T.V	PBO	
2					7		T.V	PBO	
3					8		T.V	PBO	
4					9		T.V	PBO	
35		Box	PBO		69		Shoe Rack	BR	
					70		Shoe Rack	BR	

ITEM NO. REMARKS/EXCEPTIONS



"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED"

WARNING

BEFORE SIGNING CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

TAPE LOT NO.

HP0432

TAPE COLOR

Red

NOS. FROM

THRU

AT ORIGIN

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

(SIGNATURE)

OWNER OR AUTHORIZED AGENT

(SIGNATURE)

DATE

12-3-25

DATE

3 Dec 25

AT DESTINATION

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

(SIGNATURE)

OWNER OR AUTHORIZED AGENT

(SIGNATURE)

DATE

DATE

US DOT #: 2980927
ICC/MC #: 14182
Van #: 12
Order #: 6468727
Interlining Carrier / Agent



S&A MOVERS

221 River St. 9th Floor Hoboken, NJ 07030
Tel: 866-800-0646 Email: samoversinc@gmail.com

Lot No.: HP0432
000

Agreed Pick Up Date: 12-3-25
Actual Pick Up Date: 12-3-25
Available Delivery Date: 01-9-26
Delivery No Later Than: 2-4-26
Contact Phone

INTERSTATE BILL OF LADING

Origin Information				Destination Information			
Customer Name Omar McLendon				Customer Name Omar McLendon			
Address 6502 Charmel Way				Address Storage Unit			
City Fredericksburg		State V.A	Zip Code 22407	City Pike Road		State AL	Zip Code 36064
Phone 573-855-2634		Email		Phone 573-855-2634		Email	
Contact Person En Route: Name				Phone:		Fax:	

Valuation Information	Services	Charges	
<p>THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS</p> <p>CUSTOMER'S DECLARATION OF VALUE THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE</p> <p>OPTION 1: The Cost Estimate that you receive from your mover MUST INCLUDE Full (Replacement) Value Protection for the articles that are included in your shipment. If you wish to waive the Full (Replacement) Level of protection you must complete the WAIVER of Full (Replacement) Value Protection showed below.</p> <p>Full (Replacement) Value Protection is the most comprehensive plan available for the protection of your goods. If any article is lost, destroyed, or damaged while in your mover's custody, your mover will, at its option, 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. Under Full (Replacement) Value Protection, if you do not declare a higher replacement value on this form before the time of shipment, the value of your goods will be deemed to be equal to \$6.00 multiplied by the weight (in pounds) of the shipment, subject to a minimum valuation for the shipment of \$6000. Under this option, the cost of your move will be composed of a base rate plus an added cost reflecting the cost of providing this full value cargo liability protection for your shipment.</p> <p>If you wish to declare a higher value for your shipment than these default amounts, you must indicate that value here. Declaring a higher value may increase the valuation charge in your cost estimate.</p> <p>The Total Value of my shipment is: \$ (to be provided by the customer)</p> <p>Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: \$ (to be provided by carrier)</p> <p>I acknowledge that for my shipment I have 1) ACCEPTED the Full (Replacement) Level of protection included in the estimate and declared a higher total value of my shipment (if appropriate), and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.</p> <p>X (Customer's Signature & Date)</p> <p>OR</p> <p>Option 2 - WAIVER of Full (Replacement) Value Protection. This lower level of protection is provided at no additional cost beyond the base rate; however, it provides only minimal protection that is considerably less than the average value of household goods. Under this option, a claim for an article that may be lost, destroyed, or damaged while in your mover's custody will be settled based on the weight of the individual article multiplied by 60 cents. For example, the settlement for an audio component valued at \$1000 that weighs 10 pounds would be \$6.00 (10 pounds times 60¢). Dollar Estimate of the cost of your move under the 60-cents option: \$ 6842 (to be provided by carrier)</p> <p>COMPLETE THIS PART ONLY if you wish to WAIVE the Full (Replacement) Level of Protection included in the higher cost estimate provided (above) (on the prior page) for your shipment and instead select the LOWER Released Value of 60 Cents Per Pound Per Article; to do so you must initial and sign on the lines below - I wish to Release My Shipment to a Maximum Value of 60 Cents per Pound per Article.</p> <p>ODM (Customer's Initials)</p> <p>I acknowledge that for my shipment I have 1) WAIVED the Full (Replacement) Level of protection for which I have received an estimate of charges, and 2) received a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.</p> <p>X ODM (Customer's Signature & Date) 3 Dec 25</p> <p>DOCUMENTS: I hereby declare that I have received the publications Ready to Move; Your Rights & Responsibilities; Claim Filing & Arbitration Program information.</p> <p>X ODM (Customer's Signature & Date) 3 Dec 25</p> <p>PICK UP ACKNOWLEDGEMENT: I, the customer/representative, hereby declare that I have the authority to enter into this agreement with the carrier/agents. I will be responsible severally or jointly for the charges listed above. I understand that all charges are based on my shipment's actual weight or space. I agree and accept the charges.</p>	Lbs @\$ 1629 Cu. Ft. @ \$ 4	\$ 6516	
	Fuel Surcharge 15 %		\$ 977
	Packing Labor & Materials	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Bulky Articles	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Stairs	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Elevator	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Long Carry	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Shuttle	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	SIT / Stg. Handling	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Extra Labor	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Extra Stop	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
	Waiting Time / Overnight		\$
	Redelivery		\$
	Other Binding Fee		\$ 1502
	Other		\$
Other		\$	
Other		\$	
FVP	Value \$ Ded. \$	\$	
TOTAL APPLICABLE CHARGES		\$ 8995	
PREPAID DEPOSIT		\$ 1895	

BILL OF LADING RECEIPT ACKNOWLEDGEMENT: I, the customer, hereby declare that I have received a copy of this Bill of Lading as required by law. I read, understand, and agree to the terms as presented on this contract. I understand that I have up to 3 days from the date of this acknowledgement to cancel my move without penalty. Cancellation after this date must be in accordance with the cancellation policy as detailed on the back thereof.

Customer Signature ODM Date 3 Dec 25

☐ CC ☒ Cashier's Ck ☐ Personal Ck ☐ PMO ☐ App ☐ Cash

ORIGIN PAYMENT \$ 3641

BALANCE DUE AT DESTINATION \$ 3459

PRICE ADJUSTMENTS \$

☐ PMO ☐ App ☐ Cash

DESTINATION PAYMENT \$

BALANCE DUE TO CARRIER WITHIN 30 DAYS \$

DELIVERY ACKNOWLEDGEMENT: I, the customer/representative, hereby declare that I have the authority to enter into this agreement with the carrier/agents. All services ordered have been performed and all goods are received in apparently good condition except as noted on the inventory sheets conducted for my move.

Carrier's (Driver)	Date 12-3-25	Carrier's (Driver)	Date
Customer Signature ODM	Date 3 Dec 25	Customer Signature	Date

US DOT #: 2980927
ICC/MC #: 14182
Van #: 12
Order #: 64618727



S&A MOVERS

221 River St. 9th Floor Hoboken, NJ 07030
Tel: 866-800-0646 Email: samoversinc@gmail.com

Estimate Date: 12-1-25
Pick Up Date: 12-3-25
1st Available Delivery Date: 01-3-26
Delivery No Later Than: 2-4-26

NEW WRITTEN ESTIMATE Page 1

Origin Information				Destination Information			
Customer Name Omar McLendon				Customer Name Omar McLendon			
Address 6502 Charmel Way				Address Storage Unit			
City Fredericksburg		State VA	Zip Code 22407	City Pike Road		State AL	Zip Code 36064
Phone 573-855-2634		Email		Phone 573-855-2634		Email	

Estimate Details

Estimate Type: Please select and initial the type of estimate received: ☒ BINDING UDM ☐ NON-BINDING

Reason for New Written Estimate: ☒ Additional Items / Weight UDM ☐ Packing Services ☐ Accessorial Services

DOCUMENTS: I hereby declare that I have received the publications: Ready to Move; Your Rights & Responsibilities When You Move; Claim Filing & Arbitration Program information.

Customer Signature: *[Signature]* Date: 3 Dec 25

REQUEST FOR NEW ESTIMATE. I, the customer, am requesting this New Estimate to be prepared by the movers at the pickup to include additional items / services that were not listed for my initial estimate. I understand that these new items / services will change the price of my move and I am in complete agreement. Further, I understand that if I do not agree with this New Estimate that the movers will provide services for only the initial inventory of items listed on the most recently signed estimate. My signature attests that this New Estimate is a true reflection of all the items to be moved and services required to complete the move thus far.

Customer Signature: *[Signature]* Date: 3 Dec 25

CANCELLATION OF SERVICES The customer has the right to cancel services penalty free within 3 days after receiving the Bill of Lading. The carrier has the right to cancel services ordered by customer at its sole discretion subject to the complete refund of prepaid deposits. EXCEPT: When cancellation is due to change of order at origin for which the customer refuses to accept the adjusted rates. Customer may cancel services up to 5 Days prior to the scheduled move via written notification to samoversinc@gmail.com. Customer must verify that the cancellation notice has been received for a complete refund of prepaid deposits. If services are cancelled less than 5 Days prior to the scheduled move the customer shall forfeit partial prepaid deposits. Forfeited deposits will be used to pay for expenses incurred due to late notice of cancellation. If cancellation of service by carrier and or customer occurs at time of pick up, the customer will be held liable for the payment of all services rendered per the carrier's applicable tariff and at full tariff rates.

Customer Signature: *[Signature]* Date: 3 Dec 25

Payment Information	Service Description	Charges
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METHOD OF PAYMENT: METHOD OF PAYMENT: 25% is required at time of reservation of service paid by Visa, Master Card, Discover, Amex, or Cashier's Check. Upon arrival 75% of the balance must be paid at origin by Cashier's Check, Personal Check, Postal Money Order and Cash. Personal check may be accepted if shipment is scheduled for SIT or delivery at destination is in no less than 10 business days. Remaining balance must be paid in full prior to the unloading of the truck at destination by Postal Money Order and Cash.

COLLECTION OF CHARGES: The carrier will collect a 100% of a binding estimate or up to 110% of a non-binding estimate provided that no post contract services are required at destination. Any additional post contract services will be collected in full prior to the unloading of the shipment at destination.

METHOD OF CONVERSION: Non-Binding Estimates will be calculated by the actual weight of a shipment supported by weight tickets. Binding Estimates will be calculated by utilizing the mandatory conversion formula of the actual cubic feet multiplied by 7.

TARIFF AVAILABILITY: Carrier's Tariff, by reference, is made a part of the Bill of Lading and is available for inspection at the carrier's facility. Carrier may furnish a copy of provisions of the tariff governing this shipment upon request.

Declaration of Value

This estimate of charges includes Full Value Protection based on a valuation amount equal to \$6.00 multiplied by the weight (in pounds) of your shipment subject to a minimum valuation amount of \$6000.00. If you wish to declare higher value for your shipment than the minimum required by law, that amount must be entered here:

The Value of my Shipment is: \$ and the cost of the Full (Replacement) Value Protection will be included in my total estimated cost. If you wish to WAIVE the Full Value Protection and choose the lower level of protection, the total estimated cost of your move will be less. This is the Estimated cost of your move without Full Value Protection: \$

\$ Value	No Deductible	\$1000 Deductible	\$1700 Deductible
\$0 to \$10,000	\$46.00	\$44.00	\$42.00
\$10,001 - \$25,000	\$46.00	\$44.00	\$42.00
\$25,001 to \$50,000	\$46.00	\$44.00	\$42.00
\$50,001 to \$75,000	\$43.00	\$39.00	\$37.00
\$75,001 to \$100,000	\$41.00	\$37.00	\$35.00
\$100,001 and Up	\$39.00	\$35.00	\$33.00

Shipment Cu. Ft.: X 42 = Min Declared Value: \$
Value: \$ /1000= X FVP Rate \$ = Cost: \$

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.

The carrier or its agents, by signing this form, hereby accepts the new estimate and agrees to perform service as outlined herein.

Carrier's Signature (Driver): *[Signature]* Date: 12-3-25

Service Description	Charges
Lbs. @\$ 1629 Cu. Ft. @\$ 4	\$ 6516
Fuel Surcharge 15 %	\$ 977
Packing Labor & Materials	\$
Bulky Articles Handling	\$
Stairs <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Elevator <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Long Carry <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Shuttle <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
SIT / Stg. Handling <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Extra Stop <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Extra Labor <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Waiting Time / Overnight <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Hoisting / Lowering <input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$
Redelivery	\$
Other Binding Fee	\$ 1502
Other	\$
Other	\$
FVP Value \$ Ded. \$	\$

Estimated Applicable Charges

TARIFF DISCOUNTS:	\$
PREPAID DEPOSIT:	\$ 1895
TOTAL ESTIMATED CHARGES:	\$ 7100

The customer or its authorized representative, by signing this form, hereby accepts the new estimate and agrees to pay the charges for the services as outlined herein.

Customer's / Representative's Signature: *[Signature]* Date: 3 Dec 25

US DOT #: 2980927

ICCMC #: 14182

Van #: 12

Order #: G4618727



S&A MOVERS

221 River St. 9th Floor Hoboken, NJ 07030
Tel: 866-800-0646 Email: samoversinc@gmail.com

ACCESSORIAL & POST-CONTRACT SERVICES

Agreed Pick Up-Date: 12-3-25

Actual Pick Up-Date: 12-3-25

Available Delivery Date: 01-3-26

Delivery No Later Than: 2-4-26

Service Description	Service Location / Details	Service Price	Charge
<input type="checkbox"/> Stairs	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	Flight of stairs = 7 Steps. First Flight Free. Each additional flight \$75.00	\$
<input type="checkbox"/> Elevator	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$ 75.00	\$
<input type="checkbox"/> Long Carry	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	First 75 ft. Free. Each additional 75 ft. \$75.00	\$
<input type="checkbox"/> Shuttle	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$1.00 per Cu. Ft. Min \$350.00	\$
<input type="checkbox"/> Storage In Transit (SIT)	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	First 30 days Free. \$60.00 per Cu. Ft.	\$
<input type="checkbox"/> Storage Handling	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$1.00 / Hour. Min 3Hours.	\$
<input type="checkbox"/> Extra Stop Origin	Address: 50 Miles Free	\$1.00 per mile over 50	\$
<input type="checkbox"/> Extra Stop Destination	Address: 50 Miles Free	\$250 up to 50 miles	\$
<input type="checkbox"/> Redelivery	N/A	\$ 1.00 per Cu. Ft. / Min \$750.00	\$
<input type="checkbox"/> Waiting Time	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$150 Per Hour / \$750 Per Day	\$
<input type="checkbox"/> Overnight Waiting	<input type="checkbox"/> Origin <input type="checkbox"/> Destination	\$1500.00	\$

Special Delivery Service	Service Details	Service Fees	Charge
<input type="checkbox"/> Dedicated Truck	Exclusive Use of A 500 Cu. Ft. Vehicle Ordered	\$1500.00	\$
<input type="checkbox"/> Expedited Delivery	Deliver on or Before / /	\$1500.00	\$
<input type="checkbox"/> Complete Occupancy of a Truck	Shipment Completely Occupied A Cu. Ft. Vehicle		\$

PICK UP ACKNOWLEDGEMENT: I, the customer / representative, hereby declare that I have the full authority to enter into this agreement with the carrier / its agents and that I will be responsible severally or jointly for the charges listed above. I request the following services to be performed to properly service my shipment; I understand that the services ordered are in addition to the transportation charges applied to my relocation and accept the accessorial service charges as outlines herein. The carrier reserves the right to collect 15% of all charges due in addition to the 100% of a binding estimate or 110% of a non-binding estimate for impracticable operations required at time of delivery.

Total Accessorial Service Charges: \$ 0

Tariff Applicable Discount: \$

Grand Total \$

DELIVERY ACKNOWLEDGEMENT: I, the customer / representative, hereby declare that I have the authority to enter into this agreement with the carrier / its agents. All services ordered have been performed and all goods are received in apparently good condition except as noted on the inventory.

Customer's Signature <i>[Signature]</i>	Date 3 Dec 25	Customer's Signature	Date
Carrier's Signature <i>[Signature]</i>	Date 12-3-25	Carrier's Signature	Date

DELIVERY INFORMATION

TO HELP US PROVIDE A SMOOTH DELIVERY OF YOUR GOODS,
PLEASE FILL OUT THE FOLLOWING INFORMATION:

Receiver Name:	Omar McLendon
Delivery Address:	Storage Unit
City/State/Zip:	Pike Road, ArL 36064

☐ Elevator

☒ Private House

☐ Walk up

Home telephone:	573-855-2634
Work telephone:	Call customer Before Leaving
Cell telephone:	To Reserve the storage
Alternate telephone:	Unit and Provide the driver

E-Mail address: with the address.

What is the 1st date you will be available for delivery in your new home? This date will be used to calculate the delivery window.

01-9-26

Are there any time limits for delivery in the new location?

No

Is there access for a 53' trailer at the delivery address?

Yes.

NOTE: We will do our best to delivery your goods in the time frame you have requested. One of our customer service representatives will contact you at one of the above telephone numbers to confirm your balance due and delivery dates. Payment in FULL of all charges is required before delivery and prior to unloading, subject to the 110% law if applicable. The first date indicated as available for delivery is first date of the delivery window and not the promised delivery date. Pick up and delivery dates are estimates and not guaranteed. All charges are based on full tariff rates. Tariff is available for viewing upon reasonable request. Shipper and/or agent has full authority to order services and enter into this agreement.
shipment. Our average delivery time for that requested 3-21 business days for coast to coast deliveries. BUT IT CAN TAKE UP TO 30 BUSINESS DAYS.
From your earliest date requested we will be in process of planning and scheduling your

IT IS THE CUSTOMERS RESPONSIBILITY TO BE PRESENT IN ORDER TO ALLOW ENTRY FOR UNLOADING. IF THE COSTUMERS IS NOT PRESENT AT THE TIME OF DELIVERY, A REDELIVERY CHARGE IS SUBJECT TO APPLY. IT IS ALSO THE CUSTOMERS RESPONSIBILITY TO INFORM THE LONG DISTANCE DEPARTMENT OF ANY CHANGES IN ADDRESS OR PHONE CONTACT INFORMATION. BALANCE DUE MUST BE PAID IN CASH OR POSTAL MONEY ORDER, PRIOR TO UNLOADING TRUCK. NO PERSONAL CHECKS OR CREDIT CARD ARE ACCEPTED AT ANY TIME.

BALANCE:

\$ 3459

Shipper signature: Omar McLendon	Date: 3 Dec 25
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For Office Use Only:

Customer Name:

Omar McLendon

Order Number:

54618727

Pick Up date:

12-3-25

From State

VA

to State

ArL

Size CF:

Number of blankets:

26

Storage Location:

ArL

Foreman Name:

Jacob