

Midland Van Lines

Order No:
MV3958019 -

Pick-Up Date:
12/14/2024-12/15/2024

1ST Available Date for Delivery:

Vehicle ID:

INTERSTATE BILL OF LADING CONTRACT

ORIGIN

SHIPPER: Ann Sublett
ADDRESS: 17635 West Little York Road
FLOOR/APT/LEVEL:
CITY/STATE/ZIP: Houston, TX 77084
PHONE: 4244319111

DESTINATION

CONSIGNEE TO: Ann Sublett
ADDRESS: 15115 Livingston Avenue
FLOOR/APT/LEVEL:
CITY/STATE/ZIP: Lutz, FL 33559
PHONE:

Agent Name:	Address:	Phone:	US DOT:
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SIGN AT LEAST 3 DAYS BEFORE PICK-UP DATE:

I, Ann Sublett, acknowledge I have read and agree to all the terms and conditions on both sides of this bill of lading contract. I have received the arbitration information and the booklet: [Your Rights and Responsibilities When you Move](#) and pamphlet [Ready to Move](#). I agree to pay for the total charges for moving services. I approved the total estimated charges prior to the moving services beginning.

Signature:

Clear

Customer Name:

PAYMENT TERMS:

Upon booking, a reservation deposit is required to be paid in the form of SeamlessChex or Zelle. For standard deliveries, 70% of the balance is due prior to pickup in the form of Cash, Money Order, Certified Check, or Personal Check. At delivery, the remaining balance is due prior to unloading in the form of Post Office Money Order or Cash only. For all direct and expedited deliveries, certified funds are required at both pickup and delivery, with the balance due in the form of Post Office Money Order or Cash prior to unloading. Subject to federal law, payment in FULL of all charges is required before delivery and prior to unloading. All charges are based on full tariff rates (the same rate per cubic foot as issued upon reservation).

There will always be a convenience charge attached to any move paid by credit card and SeamlessChex (including the deposit).

The carrier reserves the right to collect up to 70% of the balance due prior to the goods leaving the origin state.

Payment in full of total charges is required before the delivery truck is opened and before unloading.

Signature:

Clear

Accept and Sign

FULL VALUE PROTECTION: \$21,462.00

Deductible:	\$0					
Valuation:	\$0.00					
Estimate Plus Valuation:	\$4840.90					

VALUATION OPTIONS: THE CONSUMER MUST SELECT ONE OF THESE OPTIONS FOR THE CARRIER'S LIABILITY FOR LOSS OR DAMAGE TO YOUR HOUSEHOLD GOODS. CUSTOMER'S DECLARATION OF VALUE. THIS IS A TARIFF LEVEL OF CARRIER LIABILITY -IT IS NOT INSURANCE.

SUMMARY OF CHARGES

CUBIC FEET CHARGES:

Base: 511 cu.ft. @ \$5.49 per cu.ft.	\$2805.39
Additional: _____ cu.ft. @ \$ _____ per cu.ft.	\$
Additional: _____ cu.ft. @ \$ _____ per cu.ft.	\$

WEIGHT CHARGES:

Base: _____ lbs. @ _____ per lbs.	
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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) Value level of protection you must complete the WAIVER of Full (Replacement) Value Protection shown below.

Full (Replacement) Value Protection is the most comprehensive plan available for 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 prior to 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. 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.

The Total Value of my shipment is: \$ (provided by the customer)

Dollar Estimate of the cost of your move at Full (Replacement) Value Protection: \$ (provided by carrier)

I acknowledge that for my shipment I have 1) ACCEPTED the Full (Replacement) Level of protection included in this 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.

Customer's Signature	Date
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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 cents).

COMPLETE THIS PART ONLY if you wish to WAIVE the Full (Replacement) Level of Protection included in the higher cost estimate provided above in Option 1 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. Customer Initials:

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.

Dollar Estimate of the cost of your move under the 60-cents option: \$ (provided by carrier)

Customer's Signature	Date
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PHYSICAL SURVEY: The shipper has elected to waive the physical and virtual survey and signed the waiver agreement before the shipment is loaded in accordance with 49 CFR 375.401 (a).

TOTAL ESTIMATED CHARGES:	\$4840.90
Estimates are not guaranteed per 49 CFR 375.403(6)	
ESTIMATED Cu.Ft./Lbs.:	511 cf.
TOTAL MINIMUM CHARGE:	\$

Additional: _____ lbs. @ \$ _____ per lbs.	\$
Additional: _____ lbs. @ \$ _____ per lbs.	\$
HOURLY CHARGES:	
Part One: _____ Start Time _____ End Time _____ Hours	
Part Two: _____ Start Time _____ End Time _____ Hours	
_____ hrs. _____ men _____ Trucks @ \$ _____/hr.	\$
_____ hrs. _____ men _____ Trucks @ \$ _____/hr.	\$
SERVICE CHARGES:	
Fuel Surcharge: 0.00 %	\$0.00
BLANKET WRAP / PAD WRAP / DISSEMBLY / REASSEMBLY OF FURNITURE	\$0.00
FLOATING RESERVATION // FLEXIABLE DATE CHANGE	\$0.00
Valuation Protection at \$0.60 per pound per Item:	INCLUDED
ORIGIN & DESTINATION	\$5000.00
PROCESSING	\$35.51
Other:	\$
Other:	\$
Other:	\$
PACKING MATERIALS AND LABOR:	
Other:	\$
DISCOUNTS AND ADJUSTMENTS:	
P/B Load	- \$3000.00
Other:	\$
STORAGE CHARGES:	
_____ Days @ cu.ft. _____ @ \$ _____ per cu.ft. per month	\$
Other:	\$
SUMMARY OF CHARGES:	
TOTAL CHARGES:	\$4840.90
PAYMENTS:	\$928.56
PAYMENTS:	\$
BALANCE DUE:	\$
PRICE ADJUSTMENT:	\$
Payment Collected at Delivery:	\$
	\$
NEW BALANCE DUE IN 30 DAYS:	\$

PICK-UP ACKNOWLEDGEMENT: I, Ann Sublett, acknowledge that I carefully read and fully understand the terms and conditions in this Interstate Bill of Lading contract. I confirm my responsibility for the charges and services listed above and hold all else harmless. I acknowledge that the charges above are based on the actual household goods shipment weight or volume. I hereby authorize the release of my household goods to the carrier subject to the terms and conditions thereof.

Customer's Signature at Pick-Up	Date
Carrier Signature at Pick-Up	Date

Notice of Maximum amount due upon delivery: Final charges will be based on actual weight or cubic feet of property and services

provided or time. Maximum amount to be paid to the carrier and demanded at destination is the amount of the last issued non-binding estimate plus 10%; or 100% of the last binding estimate issued; plus post contract services; any remaining balances due will be billed after 30 days of delivery. Payment in full of all charges is due before unloading. Fees for post contract services must be paid in advance of delivery and prior to unloading.

DELIVERY ACKNOWLEDGEMENT: Shipper hereby acknowledges that the shipment was received in apparently good condition except as noted on the inventory list. Shipper acknowledges that all the services that were ordered have been performed, have been fully satisfied, and the truck was inspected and nothing has been left behind. Shipper and/or agent has full authority to accept the shipment and enter into this agreement.

Customer's Signature at Delivery	Date
Carrier Signature at Delivery	Date

