

ADDRESS \_\_\_\_\_ TEL. \_\_\_\_\_  
Payment in Cash or Certified Check, Money Order, Traveler's Check or Cashier's Check  
BILLING INFORMATION  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_  
ATTENTION OF \_\_\_\_\_

**Notice:** Carrier's tariffs, by this reference, are made a part of the bill of lading and may be inspected at carrier's facility, or, on request, carrier will furnish a copy of any tariff provision containing carrier's rates, rules or charges governing the shipment.

PAYMENT: Full payment is due prior to unloading at destination. Terms of payment are Cash, Certified Check, stamped "Certified" by bank, or cashiers Check provided by bank with the words "Cashiers Check" imprinted on check. No other terms are available except by previous arrangement with carrier, such as bank wire or Western Union. In any case, payment is due prior to unloading.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Transportation Flow  
Origin/Destination Fee \_\_\_\_\_  
Fuel Surcharge \_\_\_\_\_  
Containers, Packing & Unpacking \_\_\_\_\_  
Storage-In-Transit at Location \_\_\_\_\_  
Date In \_\_\_\_\_ Date Out \_\_\_\_\_  
SIT Pickup and Delivery \_\_\_\_\_  
Extra Pickups or Deliveries No. \_\_\_\_\_ at \_\_\_\_\_  
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 \_\_\_\_\_

**FULL AND CUSTOM CONTAINER SERVICE (AS APPLICABLE)**

**NOTE:** For shipments with origin/destination in California; Customer agrees that title to all packing materials and other property sold to customer passes to customer prior to the transportation of such property to the customer by carrier. The sale price of the containers and container material is \$ \_\_\_\_\_. This sale price is included in the total packing service charge.

FULL SERVICE	CONTAINERS & PACKING			UNPACKING	
	CUSTOM SERVICE	QUANTITY	PRICE	UNPACKING	\$
	CARTON DESCRIPTION		TOTAL		
	BOOK BOX		5.00		
	LINEN BOX		9.00		
	CHINA BOX		16.00		
	MIRROR BOX		12.00		
	WARDROBE, CTN.		16.50		
	CRIB MATTRESS CTN. / TWIN		12.00		
	MATTRESS CTN., K/Q PLASTIC		13.00		
	MATTRESS CTN., DOUBLE (NOT EXCEEDING 54" X 75")		20.00		
	MATTRESS CTN., KING/QU. (EXCEEDING 54" X 75")		20.00		
	BICYCLE BOX		35.00		
	T.V. BOX 20"		12.00		
	T.V. BOX 27"		20.00		
TOTAL CONTAINERS & PACKING			\$		

TOTAL CONTAINERS  
AND PACKING  
AND UNPACKING  
↓  
1493203

**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**

**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 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 \$6,000. 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: \$ \_\_\_\_\_ (to be provided by the Customer)

Dollar Estimate of the COST of your move at Full (Replacement) Value Protection: \$ \_\_\_\_\_ (to be provided by Carrier)

Deductibles - You may also select one of the following deductible amounts under the Full (Replacement) Value level of liability that will apply for your shipment. (if you do not make a selection, the "No Deductible" level of FULL value protection that is included in your cost estimate will apply):

No Deductible ( ) initial OR \$500 Deductible ( ) initial OR \$1,000 Deductible ( ) initial

Dollar Estimate of the cost of your move with \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ (to be provided by Carrier)

I acknowledge that for my shipment I have 1) ACCEPTED the Full (Replacement) Level of protection included in the estimate of charges 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 X \_\_\_\_\_ Date \_\_\_\_\_ --- OR ---

**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 average value of household goods. Under this option, a claim for any 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).  
Dollar Estimate of the COST of your move under the 60 cents option: \$ \_\_\_\_\_ (to be provided by Carrier)

COMPLETE THIS PART ONLY if you wish to Waive the Full (Replacement) Level of Protection included in the higher cost estimate provided (above) 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's 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.

Customer's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**Minimum Weight or Volume Charge**

Terms & Conditions for Payment of Total Charges

Charges ☐ Prepaid ☐ C.O.D. ☐  
to be paid Cash, Certified Check or Money Order

Maximum amount to be paid at time of delivery to obtain delivery of an estimated C.O.D. shipment

BALANCE DUE (30 Working Days, Credit Extended if Requested)

Prepayment Collected By \_\_\_\_\_

BALANCE DUE → \_\_\_\_\_

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN APPARENT GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED.

SIGNED \_\_\_\_\_

REC'D FOR STORAGE (WAREHOUSE) \_\_\_\_\_ CONSIGNEE \_\_\_\_\_

BY (WAREHOUSEMAN'S SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_ PER \_\_\_\_\_

**Declaration of Article(s)  
of Extraordinary (Unusual) Value**

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(s) (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 may be made on the attached inventory.

CUSTOMER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_