Combined Uniform Household Goods Bill of Lading and Freight Bill

MC 556476 US DOT 1297689

ONE NATION DC MOVERS LLC

15501 PEACH LEAF LANE
GAITHERSBURG, MD 20878
(202) 558-6915 www.dc-moving.com

min & mes 19.99

min & min & shrink

30 min & shrink

box

TIME RECORD Name Start Customer Initials From Finish Customer Initials JOB HOURS TRAVEL TIME Other Stops TOTAL HOURS Day Minday Time 1000 Moving Date Men @ \$ _ Per Job Hr., Plus Hrs. Travel Time Moving Rate: Vans RATES AND DESCRIPTION CHARGES **ESTIMATE OR REMARKS** (Approx. estimate-packing date-Instructions on job-or other info.) hours@\$ MOVING per hr. **OVERTIME** hours@\$_ per hr. CARTAGE _ cu. ft. @ \$___ _ per cu. ft. WEIGHT _ _ lbs. @ \$____ ___ per lb. PIANO CHGS. **VALUATION** Customer (Shipper) is required to declare in writing the released value of the OTHER_ property. The agreed or declared value of the property is hereby specifically stated by the customer (shipper) and confirmed by their signature hereon to be NOT Barrels, packed _____ @ \$ ____ each exceeding 60 () cents per pound per article unless specifically excepted. The Customer (Shipper) hereby declares valuations in excess of the above limits on the @\$_ Barrels, loaned ___ following articles: @\$_ _ each Article Value Wardrobes _____ Cartons or boxes _ @\$_ _ each Matt Cartons @\$_ Other Travel Travel IMPORTANT (SIGN BEFORE START OF ANY SERVICE) Whse. Labor chgs. Labor chgs. The Shipper, subject to and based on the rates, rules, regulations, and conditions in the carriers lawfully published tariff hereby orders the carrier to furnish transpor-tation facilities and service described herein subject to all conditions herein Storage chgs. contained including valuation agreed or declared and the conditions on the back Other TVE hereof which are hereby agreed to by the Shipper and accepted for himself and his assigns. Unless credit arrangements are made in writing the Shipper agrees to pay Carrier Liability; shipper declares the full value of the charges in cash, money order, or certified check prior to complete delivery. shipment for the purpose of carrier liability to be: CUSTOMER! @\$__ per \$100.00 MOVER: **TOTAL CHARGES** BY: _ 0 Advance Deposit **DELIVERY RECEIPT BALANCE DUE** Except as specifically endorsed hereon All services and All articles received in Good Condition RECEIVED PAYMENT

TERMS: Charges Payable in Cash, Money Order, or Certified Check on Delivery.

MOVER: ONL

BY: __

CUSTOMER'S BILL & RECEIPT (For Customer When Job Is Completed)

CUSTOMER:

FORM G-201 (60)