

USDOT # 3489195
 MC # 114763

REAL MOVERS, LLC.
 MOVING SOLUTIONS
 707 West Madison St, Franklin, KY, 42135
 phone (888) 336-0797
Interstate Household Goods Bill of Lading

Truck #
 Job #
 W833738

Shipper Information

Shipper Name: Keith Hill Comsignee Name: Amy Hill
 Address: 4437 Kirkwood Ct Apt. No.: _____ Address: 6550 Marina Cove Dr Apt. No.: 227
 City: Nashville State: TN Zip: 37231 City: Gulf Breeze State: FL Zip: 32060
 Phone: (423) 362-9619 Phone: (615) 529-1186

Contact Person In Route: _____ Phone: _____

Important Dates

Pack Date(s): _____ Agreed Del. Date(s): 6/4 Actual PU Date: 6/4 Agreed Del. Date(s): _____ Actual Del. Date: _____ Guaranteed Del. Date: _____ Guaranteed Service Date(s): _____

Agent, Collection and Coverage Information		Delivery Options & Service List		Charges
Introducing Carrier/Agent	Phone	First Class: 1-6 Business Days	Additional \$ 7000.00	\$
Address		Business Class: 1-12 Business Days	Additional \$ 4500.00	\$
		Economy Class: 1-24 Business Days	Additional \$ 0.00	\$0.00
		Administrative Fee	5.00%	\$
		Total Cu. Ft.	<u>1700</u>	@ \$ <u>4.50</u> = \$ <u>7,650.00</u>
		Total Lbs.		@ \$ _____ = \$ _____
		Fuel Surcharge	<u>7%</u>	\$ <u>535.50</u>
		Booking Fee		\$ <u>499.00</u>
		Binding Estimate Fee	(Obligatory Fee 375.00)	\$ <u>499.00</u>
		Packing Labor & Materials	See Packing Materials & Service Price List	\$
		FVP Insurance	Value \$ _____ Del. \$ _____	\$
		Stair	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$ <u>150.00</u>
		Elevator	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$ <u>75.00</u>
		Long Carry	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$ _____
		Shuttle	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		SFF	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		SFF Handling	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		Extra Stop	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		Hoisting	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		Lowering	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery	\$
		Bulky Article	See Bulky Articles & Price List	\$ <u>241.00</u>
		Other	<u>H.O.D.</u> <u>Discount</u>	\$ <u>50.00</u>
				\$ <u>1,192.50</u>
		Total Charges		\$ <u>8,842.50</u>

Payment Terms Please see the reverse of this page for the Collection of Charges section for a complete list of the collection and payment terms and conditions. 35% of the estimated balance is due at the time of reservation by Wire Transfer, Cashier's Ck, Personal Ck, Postal Money Order, Money Order, Cash, Credit Card. 70.00% of the charges are due at pickup to be paid by Wire Transfer, Cashier's Ck, Personal Ck, Postal Money Order, Money Order, Cash. At delivery, the remaining estimated balance must be paid in full prior to unloading the truck by Postal Money Order, Cash ONLY.

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 STATEMENT OF THE 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) 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 household 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 same kind and quality or pay you for the cost of such 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 \$ _____ (to be provided by customer)
Dollar Estimate of the cost of your move at Full (Replacement) Value Protection:
 \$ _____ (to be provided by carrier)
 I acknowledge that for my shipment I have: 1) ACCEPTED the Full (Replacement) Level of protection included in this 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: _____ Date: _____

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 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 \$1,000 that weighs 10 pounds would be \$600 (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) Value Protection included in this 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

(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: _____ Date: _____

By signing below I confirm that I have received the following information: Your Rights and Responsibilities When You Move brochure, Ready to Move Booklet, Claim Filing Information and the Moving Authority Arbitration Program Brochure

Shipper's Signature: _____ Date: _____

Deposit Payment: 5,925.00

Wire Transfer Cashier's Ck Personal Ck Postal Money Order Money Order Cash Credit Card

Payment: 12150.93 Pickup: 5910.93

Sub Total Balance Due at Delivery \$ 3010.00

Waiting Time: _____ Overnight Waiting: _____

Other: _____

Redelivery Fee: _____

Total Balance Due at Delivery \$ _____

Postal Money Order Cash

Payment: _____ Delivery: _____

Remaining Balance \$ _____

Pickup Acknowledgement: I, the shipper or its designated representative hereby declares that I have the full authority to enter into this agreement with the carrier or its agents which includes the terms and conditions listed on the back hereof. I agree that I will be severally or jointly responsible for 100% of a binding or 110% of a non-binding estimate due upon delivery and for any remaining balance that will be billed to me 30 days after delivery.

Shipper's Signature: _____ Date: _____

Carrier's Signature: _____ Date: 6/4

Delivery Acknowledgement: I, the shipper or its designated representative, hereby declare that I have the authority to enter into this agreement with the carrier or its agents. All services ordered have been performed satisfactorily and all goods have been received in apparent good condition except as noted on the inventory sheets conducted for my move.

Shipper's Signature: _____ Date: _____

Carrier's Signature: _____ Date: _____

CONTRACTOR OR CARRIER _____ **HOUSEHOLD GOODS DESCRIPTIVE INVENTORY** **PAGE NO.** 3 **NO. OF PAGES** _____

AGENT _____ **CARRIER'S REFERENCE NO.** W832732

OWNER'S GRADE OR RATING AND NAME Keith Hill **CONTRACT OR GBL NO.** _____

ORIGIN LOADING ADDRESS _____ **CITY** _____ **STATE** _____ **GOVT. SERVICE ORDER NO.** _____

DESTINATION _____ **VAN NUMBER** _____

DESCRIPTIVE SYMBOLS
 B/W - BLACK & WHITE TV
 C - COLOR TV
 CP - CARRIER PACKED
 PBO - PACKED BY OWNER
 CD - CARRIER DISASSEMBLED
 SW - STRETCH WRAPPED

EXCEPTION SYMBOLS
 DBO - DISASSEMBLED BY OWNER
 PB - PROFESSIONAL BOOKS
 PE - PROFESSIONAL EQUIPMENT
 PP - PROFESSIONAL PAPERS
 MCU - MECHANICAL CONDITION UNKNOWN

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	SHIPPER CHECK DEST. ✓	EXCEPTIONS (IF ANY) AT DESTINATION	ITEM NO.
131	Vac		15" TV ctn			1
2	Tote		Love seat (SC, RB)			2
3			Couch (SC, RB)			3
4			Kids Chair (SC, RB)			4
5			3.0 ctn			5
6			Tote I			6
7			Rug			7
8			Carpet			8
9			100. CFib Matt			9
130			Full Size Mattress			0
1			Full Size Box Spring			1
2			Metal Bed Rails			2
3			Night stand (SC, RB)			3
4			Desk Chair (SC, RB)			4
5	Tote		Desk (SC, RB)			5
6	Dim. Rm. Chairs (SC, RB)		Tote			6
7			3.0 ctn			7
8	Dim. Rm. Chairs (SC, RB)		3.0 ctn			8
9			170. Doll House			9
140			Crib Parts (SC, RB)			0
1			OV Chair (SC, RB)			1
2			3.0 ctn I			2
3			4.5 ctn I			3
4			Lamp Stand			4
5			Table (SC, RB)			5
6			Bag I			6
7			Tote I			7
8			180. Tote I			8
9						9
150						0

ITEM NO. 150 **REMARKS/EXCEPTIONS** desk leg broken, Couch damaged.

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

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) _____ **DATE** _____ **TAPE LOT NO.** _____ **TAPE COLOR** _____

OWNER OR AUTHORIZED AGENT _____ **DATE** _____ **NOS. FROM** _____ **THRU** _____

AT ORIGIN (SIGNATURE) _____ **AT DESTINATION** (SIGNATURE) _____

DATE 6/9/02 **DATE** June 21