

HG-11884
 USDOT-901418
 ICCMC-391125

Order _____
 Pack _____
 Load _____
 Del _____
 Sales _____
 Estimator _____

ESTIMATED COSTS FOR SERVICES

From:			To:			
Customer _____			Customer _____			
Address _____			Address _____			
City/State/Zip _____			City/State/Zip _____			
H/Phone _____		Cell _____	H/Phone _____		Cell _____	
W/Phone _____		Email _____	W/Phone _____		Email _____	
Packing Date	Agreed Pick-up Date		Agreed Delivery Period		Payment - The customer and carrier agree that payment, at delivery, will be made by: Cash _____ Cashier's Check _____ Money Order _____	
	EARLIEST	LATEST	PREFERRED	EARLIEST		LATEST
Comments: _____						

IMPORTANT NOTICE: A non-binding estimate covers only the articles and services listed. It is not a warranty or representation that the actual charges will not exceed the amount of the estimate. If you request additional services to complete the move or add articles to the inventory attached to this estimate the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges computer on the basis of rates shown in their lawfully published tariffs, except as provided below:
 (1) A household goods carrier may not charge more than twenty-five percent above its written, non-binding estimate for time charges for a local, hourly rates move nor can the household good carrier charge more than twenty-five percent above the written, non-binding estimate for accessorial and other services not related to time, unless the household goods carrier prepares and you sign a supplemental estimate.
 (2) A household goods carrier may not charge more than twenty-five percent above your written, non-binding estimate for a long distance-related move unless the household goods carrier prepares and you sign a supplemental estimate.

<p style="text-align: center;">Your Guide to Moving in Washington State</p> <p>Carrier gave me a copy of "Your Guide to Moving in Washington State".</p> <p style="text-align: center;">SIGNATURE OF CUSTOMER</p> <p style="text-align: center;"><u>Valuation</u></p> <p><u>Basic Valuation:</u> Releases the shipment to a value of \$.60/lb/article</p> <p><u>Replacement Cost Coverage/\$300 Deductible:</u> Releases the shipment to a value of \$5.00/lb times the shipment weight at the rate of \$ _____ per \$100 of declared value.</p> <p><u>Replacement Cost Coverage/No Deductible:</u> Releases the shipment to a value of \$5.00/lb times the shipment weight at the rate of \$ _____ per \$100 of declared value.</p> <p style="text-align: center;"><u>Estimates:</u></p> <p>_____ This shipment is moving under a binding estimate. This means the shipment is moving under a guaranteed price. The carrier will not charge more than the estimated charges without preparing a supplemental estimate.</p> <p>_____ This shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on this estimate, the carries must release the shipment upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days at which time the reminder is due. Interest and late payment fees may apply. In no case will I be required to pay more than 125% of the estimate plus supplements.</p>	<p style="text-align: center;">ESTIMATED COSTS OF SERVICES</p> <p>HOURLY RATED SHIPMENTS (55 miles or less)</p> <p>Estimated _____ hours for _____ van and _____ men @ _____ per hour \$ _____</p> <p>TRAVEL TIME: _____ personnel _____ hours @ \$ _____ per hour \$ _____</p> <p>MILEAGE RATES SHIPMENTS (56 miles or more)</p> <p>_____ Miles _____ pounds @ _____ per pound \$ _____</p> <p>BRIDGE OR FERRY TOLLS (Estimated) \$ _____</p> <p>VALUATION CHARGES (choose one)</p> <p>60 cents per pound per article \$ No Charge</p> <p>Replacement cost, with deductible \$ _____ at _____ per \$100 declared value \$ _____</p> <p>Replacement cost, with no deductible \$ _____ at _____ per \$100 declared value \$ _____</p> <p>STORAGE</p> <p>_____ pounds, @ \$ _____ per 100 pounds, for each 30 days or fraction \$ _____</p> <p>Warehouse Handling _____ pounds @ \$ _____ per 100 pounds \$ _____</p> <p>Valuation \$ _____ @ _____ per \$100 declared value \$ _____</p> <p>OTHER SERVICES</p> <p>Extra pickup, delivery or stop in transit at _____ \$ _____</p> <p>Servicing appliances _____ \$ _____</p> <p>Piano/organ carry _____ \$ _____</p> <p>Bulky articles _____ \$ _____</p> <p>Long carry _____ \$ _____</p> <p>Stairs/Elevator _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>Containers (see below) _____ \$ _____</p> <p>Packing/Unpacking (see below) _____ \$ _____</p>
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IMPORTANT NOTICE: If this is a binding estimate, it is a representation of the actual charges which will apply on this shipment. If you change the conditions of the shipment (request additional services, add items to be shipped, etc.), the household goods carrier must prepare a Supplemental Estimate which will change the amount of the estimated costs of the shipment.

TOTAL ESTIMATED CHARGES \$ _____

TOTAL AMOUNT OF BINDING ESTIMATE \$ _____

REMARKS:	CONTAINERS				PACKING		
	DESCRIPTION	QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT
<p><input type="checkbox"/> Intermediate stop (if any)</p> <p>Notice to Estimator: It is mandatory that the total cubic footage shown on the Table of Measurements form be multiplied by not less than SEVEN to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements. A table of measurements form must be attached to this form.</p>	DISHPACK						
	CARTONS LESS THAN 3 CU FT						
	3 CU FT						
	4.5 CU FT						
	6 CU FT						
	WARDROBE CARTONS						
	LAMP CARTON						
	PLASMA TV CARTON						
	MATTRESS COVERS – CRIB						
	MATTRESS COVERS – TWIN						
	MATTRESS COVERS – DOUBLE						
	MATTRESS COVERS – QUEEN						
	MATTRESS COVERS – KING BOX						
	MATTRESS COVERS – KING COVER						
	MIRROR CARTONS						
CRATES AND CONTAINERS _____ CU FT							
CRATES AND CONTAINERS MIN							
TOTAL							

Signing below acknowledges receipt of an estimate of the charges for your move. Only the terms listed are included in the cost. Any additional items or services may result in additional costs.

ESTIMATOR'S SIGNATURE _____ CUSTOMER'S SIGNATURE _____

DATE: _____ DATE: _____

Customer Name:				Telephone:							
Job #				Date:							
From:				To:							
# PCS.	Article	CF	Total Cube	# PCS.	Article	CF	Total Cube	Boxes	# of Boxes	CF	Total Cube
	Living Room				Appliances			China / Dish		5	
	Bench, Piano	5			Air Cond.	15		Book / Small		1.5	
	Bookcase, large	20			Dishwasher	20		Linen / Medium		3	
	Bookcase, Small	10			Freezer	45		Medium Large		4.5	
	Chair, Arm	10			Refrigerator	60		Lamp Box		4.5	
	Chair, Rocker	12			Vacuum Cleaner	5		Wardrobe		10	
	Chair, Overstuffed	25			Washing Machine	25		Picture/Mirror Box		3	
	Clock, Grandfather	20			Dryer	25		TV Box		15	
	Desk, Secretary	35			Kitchen			Mattress Covers			
	Desk, Winthrop	25			Breakfast table	10		King			
	Entertainment ctr.	20			Breakfast chair	5		Queen			
	Piano, Spinet	60			Chair, High	5		Double/Full			
	Piano, Baby/Upright	70			Microwave	10		Single			
	Sofa, Sec per Sec	30			Stool	3		Crib			
	Sofa, Loveseat	35			Cabinet	20					
	Sofa, 3 cushion	50			Outdoor						
	Stereo Cabinet	15			BBQ grill	10					
	" component	8			Chair, Outdoor	3					
	Table, Drop-leaf	12			Garden tools	5					
	Table, Coffee	10			Ladder, Small	3					
	Table, End	5			Ladder, Extension	8					
	Table, Side	15			Lawnmower	15					
	TV, Portable	5			Outdoor swings	30					
	TV, Large screen	25			Picnic table	20					
	TV Stand	10			Picnic bench	5					
	Lamp	5			Umbrella	5					
	Mirror, Medium	8			Wheelbarrow	8					
	Dining Room				Miscellaneous						
	Server	15			Baby Carriage	4					
	Buffet (base)	30			Bicycle	5					
	Hutch (top)	20			Tricycle	3					
	China cabinet	40			Card table	2					
	Curio	20			Folding chairs	1					
	Dining table	30			Clothes hamper	5					
	Dining chair	5			Fan	5					
	Bedroom				Plant Stands	5					
	Day Bed	30			Filing Cab. Cardbrd	3					
	Bed, Mattress	20			Filing Cab. 2 Dr	10					
	Bed, Single	40			Filing Cab. 4 Dr	20					
	" , Double	60			Footlocker	5					
	" , Queen	65			Heater	5					
	" , King	70			Metal Shelves	10					
	" , Bunk	70			Sewing Machine	10					
	Chest, Bachelor	15			Suitcase	5					
	Chest, Cedar	15			Tool chest	5					
	Chest, Armoire	30			Trash can	7					
	Dresser, Vanity	20			Wagon, Child	5					
	Dresser, Single	30			Work bench	20					
	Dresser, Double	40			Bath Tub	50					
	Dresser, Triple	50			Electronics						
	Night table	5			TV Portable	5		CF Boxes:			
	Wardrobe, Small	20			TV Table Model	10					
	Wardrobe, Large	40			TV Flat Screen	15					
	Trunk	10			TV Combination	25					
	Head Board	5			TV Console	15					
					TV Stand	3					
	Total CF:				Total CF:			Total CF:			
								X7			X7
								Total Weight:			