

**SeaPort Moving & Storage**  
**2501 SE Columbia Way - STE 110**  
**Vancouver, WA 98661**  
**Toll Free 1-(877) 993-5114**  
**www.seaportmoving.com**

ODOT - 130203  
 USDOT - 1962085  
 ICCMC - 695595

Order \_\_\_\_\_  
 Pack \_\_\_\_\_  
 Load \_\_\_\_\_  
 Del \_\_\_\_\_  
 Sales \_\_\_\_\_  
 Estimator \_\_\_\_\_

**ESTIMATED COSTS FOR SERVICES**

<b>From:</b>		<b>To:</b>	
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	PREFERRED	
							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 computed on the basis of rates shown in their lawfully published tariffs.

<p><b>General Information for Moving Household Goods in Oregon</b></p> <p>Carrier gave me a copy of "General Information for Moving Household Goods in Oregon".</p> <p align="center">SIGNATURE OF CUSTOMER _____</p> <p align="center"><b>Valuation</b></p> <p><b>Released Value Protection: Sixty (60) cents per pound</b> for the actual weight of any lost or damaged article</p> <p><b>Replacement Cost Protection: \$6.00 times the actual weight</b> (in pounds) of the shipment or a value of \$10,000 or greater. When the shipper elects the Replacement Cost Protection option the following valuation charge shall apply. For each \$100.00, or fraction thereof, of declared value at \$6.00 times the weight of the shipment in pounds or declared lump sum value, whichever is higher, the valuation charge shall be <b>85 cents per each \$100.00 of value</b></p> <p><b>Estimates:</b></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 carrier 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 remainder is due. Interest and late payment fees may apply.</p>	<p align="center"><b>ESTIMATED COSTS OF SERVICES</b></p> <p><b>HOURLY RATED SHIPMENTS (100 miles or less)</b></p> <p>Estimated _____ hours for _____ van and _____ men @ _____ per hour \$ _____</p> <p>FLAT TRAVEL FEE: \$ _____</p> <p><b>MILEAGE RATES SHIPMENTS (101 miles or more)</b></p> <p>_____ Miles _____ pounds @ _____ per pound \$ _____</p> <p><b>BRIDGE OR FERRY TOLLS (Estimated)</b> \$ _____</p> <p><b>VALUATION CHARGES (choose one)</b></p> <p>60 cents per pound per article \$ No Charge</p> <p>Replacement cost, no deductible \$ _____ at _____ per \$100 declared value</p> <p><b>STORAGE</b></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><b>OTHER SERVICES</b></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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**TOTAL ESTIMATED CHARGES** \$ \_\_\_\_\_

REMARKS:	DESCRIPTION	CONTAINERS			PACKING		
		QUANTITY	RATE	AMOUNT	QUANTITY	RATE	AMOUNT
<input type="checkbox"/> Intermediate stop (if any)	DISHPACK						
	CARTONS LESS THAN 3 CU FT						
	3 CU FT						
	4.5 CU FT						
	TAPE						
	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							
PAPER PAD							
CARPET PROTECTION							
	<b>TOTAL</b>						

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

