

ESTIMATED COSTS FOR SERVICES

 Binding Estimate

 Non-Binding Estimate

Origin:			Destination:		
Customer			Contact Person (if different)		
Address			Intermediate stops		
City/State/zip			Contact #		
Contact #			PAYMENT The customer and carrier agree that payment, at time of delivery, will be made by customer. List payment types:		
Packing Date	Agreed Pick-up Date	Agreed Delivery Date			

IMPORTANT NOTICE: A nonbinding estimate covers only the articles listed. If it is not binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, 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. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household goods carrier prepares and you sign a supplemental estimate.

The carrier gave me a copy of the brochure "Your Guide to Moving in Washington State".

SIGNATURE OF CUSTOMER

LOSS AND DAMAGE PROTECTION (Valuation): Customer must initial one option.

Basic value protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with deductible which includes a \$300 deductible paid by me. This option will cost \$_____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Replacement Cost Coverage with no deductible at a cost of \$_____. The value I declare must be at least \$5.00 times the net weight of the shipment.

I declare a total lump sum value for this shipment at \$_____.

Estimate:

_____ 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 supplement estimate.

_____ 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. In no case will I be required to pay more than 125% of the estimate (plus any supplemental).

REMARKS

Estimated Costs of Services	Estimated Charges
HOURLY RATED SHIPMENTS (55 miles or less) Hours for ___ van and ___ men @ ___ per hour	\$ _____
OVERTIME ___ personnel ___ hours @ \$ ___ per hour	\$ _____
MILEAGE RATED SHIPMENTS (56 miles or more) ___ Miles ___ pounds @ ___ per pound	\$ _____
VALUATION CHARGES (choose one) 60 cents per pound per article _____	\$ No Charge _____
Replacement cost, with \$300 deductible \$ _____ at ___ per \$100 declared value	\$ _____
Replacement cost, with no deductible \$ _____ at ___ per \$100 declared value	\$ _____
STORAGE ___ pounds @ \$ ___ per 100 pounds, for each 30 days or fraction	\$ _____
Warehouse handling ___ pounds @ \$ ___ per 100 pounds	\$ _____
Valuations \$ ___ @ ___ per \$100 declared value	\$ _____
OTHER SERVICES & CHARGES	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL CHARGES	\$ _____

DESCRIPTION	CONTAINERS			PACKING		
	QUAN	RATE	AMOUNT	QUAN	RATE	AMOUNT
Dish packs						
Boxes						
Cartons less than 3						
3 cf.						
4 1/2						
6 cf						
Wardrobe cartons						
Mattress cartons /cover crib						
Mattress cartons/cover twin						
Mattress cartons/cover double						
Mattress cartons/cover queen						
Mattress cartons/cover king						
Mirror cartons						
Lamps cartons						
Plasma TV carton						
Crates and containers						
Total						

Signature of Carrier Representative _____ Date _____

Signature of Customer _____ Date _____