



Washington Movers Conference

of the Washington Trucking Associations

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James R. Tutton, Jr.
Executive Director

October 8, 2008

Mr. Dave Danner
Executive Director
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

Dear Mr. Danner,

The Washington Movers Conference would like to petition the Washington Utilities and Transportation Commission for reinstatement of the HHG tariff fuel surcharge based upon the continuing escalation in the cost of diesel fuel.

When the last Fuel Surcharge Supplements No. 2006-1 and No. 2007-8 were canceled by Docket TV-071649, effective August 17, 2007, the West Coast average cost of diesel fuel as reported by the Energy Information Administration was \$3.019 per gallon. For the current reporting week of October 6, 2008, the West Coast average price of diesel fuel was \$3.847 per gallon. This represents an 82.8 cent a gallon increase!

The carrier determined fuel surcharge, when added to the HHG Tariff No. 15-C applied fuel consuming rates and charges, can not exceed the maximum end of the banded rates and charges used. The addition of any fuel surcharge must be accepted by the customer and validated by the customer's signature on the "Estimated Costs for Services."

If approved, the Conference requests the new Tariff No. 15-C include language similar to what is shown on the enclosure.

Should you need any further assistance from the WMC, please do not hesitate to contact me.

Sincerely,

James R. Tutton, Jr.
Executive Director

Enclosures

WUTC TARIFF NO. 15-C FUEL SURCHARGE PROPOSAL

As long as the Department of Energy weekly published West Coast Average Cost of Diesel remains above \$3.50 per gallon, moving companies in accordance with WUTC HHG Tariff No. 15-C may, at their discretion and with the concurrence of the customer, assess a fuel surcharge of between 0 and 10 percent based upon the company's operational needs. The customer's concurrence will be validated by their signature on the completed "Estimated Costs for Services" with the fuel surcharge reflected thereon.

In applying the proposed fuel surcharge, first determine the total fuel consuming rates and charges applicable using Tariff No. 15-C, ITEM 200 – MILEAGE RATES, ITEM 201 – MILEAGE RATES FOR SHIPMENTS MOVING INTO STORAGE-IN-TRANSIT, or ITEM 230 – HOURLY RATES. Multiply that amount by the carrier chosen fuel surcharge percentage to determine the fuel surcharge amount. This amount will be placed on the Estimated Costs for Services form on the "Fuel Surcharge" line and identified as a fuel surcharge and also included on the final Uniform Household Goods Bill of Lading. Sample forms attached!

NOTE: *The fuel surcharge can not be assessed against non-fuel consuming rates and charges such as extra labor, delay time, storage, and accessorial services.*

Binding and Non-Binding Estimates – *No fuel surcharge may be assessed to the customer if the carrier already has a customer signed Estimated Costs for Services form on file for a pending move scheduled to take place after receipt of this announcement.*

Disposition of Fractions – *Fractions resulting from the application of this increase will be dropped if less than one-half cent and increased to the next whole cent if one-half cent or more.*

Attachments



HOURLY RATED SHIPMENT

Order _____
 Pack _____
 Load _____
 Del _____
 Sales _____
 Coord _____
 Job Code _____

ESTIMATED COSTS FOR SERVICES

From Customer _____ Address _____ City/State/Zip _____ H/Phone _____ Cell _____ W/Phone _____ email _____	To Customer _____ Address _____ City/State/Zip _____ H/Phone _____ Cell _____ W/Phone _____ email _____
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PACKING DATE EARLIEST _____ LATEST _____ PREFERRED _____	AGREED PICK-UP DATE EARLIEST _____ LATEST _____ PREFERRED _____	AGREED DELIVERY PERIOD EARLIEST _____ LATEST _____ PREFERRED _____	PAYMENT The customer and carrier agree that payment, at time of delivery, will be made by: <input type="checkbox"/> Cash <input type="checkbox"/> Check Comments _____
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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, 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 rated move nor can the household goods 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-rated move unless the household goods carrier prepares and you sign a supplemental estimate.

Your Guide to Moving in Washington State

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

 SIGNATURE OF CUSTOMER

Valuation

Basic Valuation: Releases the shipment to a value of \$.60 per pound per article.

Replacement Cost Coverage/\$300 Deductible: Releases the shipment to a value of \$5.00 per pound times the shipment wt. at a rate of \$____ per \$100 of declared value.

Replacement Cost Coverage/No Deductible: Releases the shipment to a value of \$5.00 per pound times the shipment wt. at a rate of \$____ per \$100 of declared value.

Estimates:

____ 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.

____ 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. In no case will I be required to pay more than 125% of the estimate plus supplements.

ESTIMATED COSTS OF SERVICES

HOURLY RATED SHIPMENTS (55 miles or less)
 Est. 6 hours for 1 van and 2 men @ 132. per hour \$ 792.00 Estimated Charges

OVERTIME: _____ personnel, _____ hours @ \$ _____ per hour \$ _____

MILEAGE RATED SHIPMENTS (56 miles or more)
 _____ Miles _____ pounds @ _____ per pound \$ _____

BRIDGE OR FERRY TOLLS (Estimated) \$ _____

VALUATION CHARGES (choose one) \$ No Charge
 60 cents per pound per article

Replacement cost, with deductibles \$ _____ at _____ per \$ 100 declared value \$ _____
 Replacement cost, with no deductibles \$ _____ at _____ per \$ 100 declared value \$ _____

STORAGE

_____ pounds, @ \$ _____ per 100 pounds, for each 30 days or fraction \$ _____
 Warehouse Handling _____ pounds @ \$ _____ per 100 pounds \$ _____
 Valuation \$ _____ @ _____ per \$100 declared value \$ _____

OTHER SERVICES

Extra pickup, delivery or stop in transit at _____ \$ _____
 Servicing of appliances _____ \$ _____
 Piano/organ carry _____ \$ _____
 Bulky articles _____ \$ _____
 Long carry _____ \$ _____
 Stairs/Elevator _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Containers (see below) _____ \$ _____
 Packing/Unpacking (see below) _____ \$ _____

FUEL SURCHARGE 10% \$ 47.42

IMPORTANT NOTICE: If this is a binding estimate, it is a representation of the actual charges which will apply on the 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 shipment.

TOTAL ESTIMATED CHARGES \$ 839.42

TOTAL AMOUNT OF BINDING ESTIMATE \$ _____

REMARKS:

Intermediate Stop (if any)"

Notation

The maximum charge for this example is:

The estimate to the customer is:
 Plus 10% Fuel Surcharge:
Total Estimate:

DESCRIPTION	CONTAINERS		PACKING		NT
	QUAN	RATE	AMOUNT	QUAN	
DISH PACK					
CARTONS LESS THAN 3 CU. FT.					
3 CU. FT.					
4 1/2 CU. FT.					
6 CU. FT.					
WARDROBE					

<p>\$844.68 { \$79.04/hour (Truck & driver) + \$61.74 (Helper) x 6 hours = \$844.68 }</p> <p>\$792.00 { \$79.04/hour (Truck & driver) + \$52.96 (Helper) x 6 hours = \$792.00 }</p> <p>47.42 { \$79.04 (Truck & Driver) x 6 x .10 = \$47.42 }</p> <p>\$839.42</p>					
CRATES AND CONTAINERS MIN					
TOTAL					



HOURLY RATED SHIPMENTS

Order	_____
Pack	_____
Load	_____
Del	_____
Sales	_____
Coord	_____
Job Code	_____

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document **it is important that you first read the entire document, including the back**, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or carrier's representative(s). This contract is subject to conditions on the back of this form.

From	To
Customer _____	Customer _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
H/Phone _____ Cell _____	H/Phone _____ Cell _____
W/Phone _____ Pager _____	W/Phone _____ Pager _____
email _____	email _____
Add'l Pickup _____	Extra-Stop _____
Billing Address _____	Other _____

Hourly Rated Moves

Day	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs	Rate	Charges
10/09/08	1	2	8:00AM	8:30AM	45MIN	2:15PM	2:45PM	6	132.00	792.00

Storage

If shipment will be placed into storage, the customer must initial option selected.

- _____ Shipment is to be placed in storage for a period of less than 90 days (Storage-In-Transit). I understand that on the 91st day of storage the shipment becomes permanent storage.
- _____ The storage location will be _____
- _____ Shipment is to be placed in storage for more than 90 days.
- _____ I certify that I have requested Storage-In-Vehicle for a period of _____ days at an agreed upon rate of \$_____ per day.

Storage in Transit	Cuft	Cwt
Trans to/from Whse _____	lbs at _____	Cwt _____
Storage per month _____	lbs at _____	Cwt _____
Whse Handling in/out _____	lbs at _____	Cwt _____
Add'l Valuation \$ _____	at _____	per \$100 _____
Permanent Storage _____	Cuft _____	
Labor _____	at _____	per hour _____
Storage per month _____	lbs at _____	Cwt _____
Whse Handling in/out _____	lbs at _____	Cwt _____
Add'l Valuation \$ _____	at _____	per \$100 _____
Pickup/Load Vaults _____	at _____	per vault _____
Oversized Items _____	at _____	ea _____
Storage _____	months _____	per month _____
Delivery of Vaults _____		

Mileage Rated Moves

Actual Shipment Weight(lbs)	Gross	Tare	Net
Long Carry _____	at _____	Cwt _____	
Stairs/Elevator _____	at _____	Cwt _____	
Extra pickup/del _____	at _____	ea _____	
Piano/Organ Carry _____	at _____	ea _____	
Overtime Labor _____	at _____	per hour _____	
Mileage _____			
Other _____	at _____	ea _____	

Materials, Additional Services

Dishpacks _____	at _____	per unit _____
Less than 3.0 cuft ctns _____	at _____	per unit _____
3.0 cuft ctns _____	at _____	per unit _____
4.5 cuft ctns _____	at _____	per unit _____
6.0 cuft ctns _____	at _____	per unit _____
Wardrobe ctns _____	at _____	per unit _____
Crib matt carton/cover _____	at _____	per unit _____
Single matt carton/cover _____	at _____	per unit _____
Double matt carton.cover _____	at _____	per unit _____
Queen matt carton/cover _____	at _____	per unit _____
King matt carton/cover _____	at _____	per unit _____
King box ctn _____	at _____	per unit _____
Mirror ctn _____	at _____	per unit _____
Lamp Carton _____	at _____	per unit _____
Plasma TV Carton _____	at _____	per unit _____
Crates cuft _____	at _____	per unit _____
Appliances _____	at _____	per unit _____
Add'l Labor _____	at _____	per hour _____
Ferry or Bridge Toll _____	at _____	
FUEL SURCHARGE _____	at 10%	\$ 47.42

Declarations (Customer must initial preferences)

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one of the following options:

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 damage 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 net weight of the shipment.

_____ customer must initial option selected

The maximum charge for this example is:
The estimate to the customer is:
Plus 10% Fuel Surcharge:
Total Estimate:

... than 125% of shipment, or more than hourly rated shipments.

\$844.68 { \$79.04/hour (Truck & driver) + \$61.74 (Helper) x 6 hours = \$844.68 }
\$792.00 { \$79.04/hour (Truck & driver) + \$52.96 (Helper) x 6 hours = \$792.00 }
47.42 { \$79.04 (Truck & Driver) x 6 x .10 = \$47.42 }
\$839.42

Subtotal Moving, Packing, Materials, Storage Charges	\$839.42
Additional Valuation	0
Total Relocation Charges	\$839.42
Total Amount Paid	_____
Balance Due	_____

I have read and understand this contract thoroughly, and release my goods to the carrier subject to the terms and conditions above.

All goods were received in good condition, except as noted on contract or on the inventory form.

Release of Goods/Customer _____	Date _____	Receipt for Goods/Customer _____	Date _____
Receipt for Goods/Driver _____	Date _____		



MILEAGE RATED SHIPMENT

Order _____
 Pack _____
 Load _____
 Del _____
 Sales _____
 Coord _____
 Job Code _____

ESTIMATED COSTS FOR SERVICES

From Customer _____ Address _____ City/State/Zip _____ H/Phone _____ Cell _____ W/Phone _____ email _____	To Customer _____ Address _____ City/State/Zip _____ H/Phone _____ Cell _____ W/Phone _____ email _____
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PACKING DATE	AGREED PICK-UP DATE			AGREED DELIVERY PERIOD			PAYMENT
	EARLIEST	LATEST	PREFERRED	EARLIEST	LATEST	PREFERRED	
							The customer and carrier agree that payment, at time of delivery, will be made by: <input type="checkbox"/> Cash <input type="checkbox"/> Check 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, 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 rated move nor can the household goods 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-rated move unless the household goods carrier prepares and you sign a supplemental estimate.

Your Guide to Moving in Washington State

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

 SIGNATURE OF CUSTOMER

Valuation

Basic Valuation: Releases the shipment to a value of \$.60 per pound per article.

Replacement Cost Coverage/\$300 Deductible: Releases the shipment to a value of \$5.00 per pound times the shipment wt. at a rate of \$____ per \$100 of declared value.

Replacement Cost Coverage/No Deductible: Releases the shipment to a value of \$5.00 per pound times the shipment wt. at a rate of \$____ per \$100 of declared value.

Estimates:

____ 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.

____ 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. In no case will I be required to pay more than 125% of the estimate plus supplements.

ESTIMATED COSTS OF SERVICES

HOURLY RATED SHIPMENTS (55 miles or less)

Est. _____ hours for _____ van and _____ men @ _____ per hour \$ _____

OVERTIME: _____ personnel, _____ hours @ \$ _____ per hour \$ _____

MILEAGE RATED SHIPMENTS (56 miles or more)

60 Miles 8,101 pounds @ .208 per pound \$ 1,685.01

BRIDGE OR FERRY TOLLS (Estimated) \$ _____

VALUATION CHARGES (choose one)

60 cents per pound per article \$ No Charge

Replacement cost, with deductibles \$ _____ at _____ per \$ 100 declared value \$ _____

Replacement cost, with no deductibles \$ _____ at _____ per \$ 100 declared value \$ _____

STORAGE

_____ pounds, @ \$ _____ per 100 pounds, for each 30 days or fraction \$ _____

Warehouse Handling _____ pounds @ \$ _____ per 100 pounds \$ _____

Valuation \$ _____ @ _____ per \$100 declared value \$ _____

OTHER SERVICES

Extra pickup, delivery or stop in transit at \$ _____

Servicing of appliances \$ _____

Piano/organ carry \$ _____

Bulky articles \$ _____

Long carry..... \$ _____

Stairs/Elevator \$ _____

Other..... \$ _____

Other \$ _____

Containers (see below) \$ _____

Packing/Unpacking (see below) \$ _____

FUEL SURCHARGE 10% \$ 168.50

IMPORTANT NOTICE: If this a binding estimate, it is a representation of the actual charges which will apply on the 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 shipment.

TOTAL ESTIMATED CHARGES \$ 1,853.51

TOTAL AMOUNT OF BINDING ESTIMATE \$ _____

REMARKS:

Intermediate Stop (if any)"

DESCRIPTION	CONTAINERS		PACKING	
	QUAN	RATE	AMOUNT	AMOUNT
DISH PACK				
CARTONS LESS THAN 3 CU. FT.				
3 CU. FT.				
4 1/2 CU. FT.				
6 CU. FT.				
TOTAL				

\$1,877.81 {8,101lbs x \$0.2318 traveling 60 miles = \$1,877.81}
\$1,685.01 {8,101lbs x \$0.2080 traveling 60 miles = \$1,685.01}
168.50 {\$1,685.01 x .10 = \$168.50}
\$1,853.51

The maximum charge for this example is:

The estimate to the customer is:
 Plus 10% Fuel Surcharge:
Total Estimate:

Signing _____ ESTIMATE _____ DATE _____

_____ for your move. Only the items listed are included in the cost. Any additional items or services may result in additional costs.

CUSTOMER'S SIGNATURE _____ DATE _____



MILEAGE RATED SHIPMENT

Order _____
 Pack _____
 Load _____
 Del _____
 Sales _____
 Coord _____
 Job Code _____

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or carrier's representative(s). This contract is subject to conditions on the back of this form.

From	To
Customer _____	Customer _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
H/Phone _____ Cell _____	H/Phone _____ Cell _____
W/Phone _____ Pager _____	W/Phone _____ Pager _____
email _____	email _____
Add'l Pickup _____	Extra-Stop _____
Billing Address _____	Other _____

Hourly Rated Moves

Day	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs	Rate	Charges

Storage

If shipment will be placed into storage, the customer must initial option selected.

_____ Shipment is to be placed in storage for a period of less than 90 days (Storage-in-Transit). I understand that on the 91st day of storage the shipment becomes permanent storage.

_____ The storage location will be _____

_____ Shipment is to be placed in storage for more than 90 days.

_____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Storage in Transit	_____ Cuff _____
Trans to/from Whse	_____ lbs at _____ Cwt _____
Storage per month	_____ lbs at _____ Cwt _____
Whse Handling in/out	_____ lbs at _____ Cwt _____
Add'l Valuation \$	_____ at _____ per \$100 _____
Permanent Storage	_____ Cuff _____
Labor	_____ at _____ per hour _____
Storage per month	_____ lbs at _____ Cwt _____
Whse Handling in/out	_____ lbs at _____ Cwt _____
Add'l Valuation \$	_____ at _____ per \$100 _____
Pickup/Load Vaults	_____ at _____ per vault _____
Oversized Items	_____ at _____ ea _____
Storage	_____ months _____ per month _____
Delivery of Vaults	_____ _____

Mileage Rated Moves

Actual Shipment Weight(lbs) Gross _____ Tare _____ Net **8,101**

Long Carry	_____ at _____ Cwt _____
Stairs/Elevator	_____ at _____ Cwt _____
Extra pickup/del	_____ at _____ ea _____
Piano/Organ Carry	_____ at _____ ea _____
Overtime Labor	_____ at _____ per hour _____
Mileage	60 MILES @ .2080 1,685.01
Other	_____ at _____ ea _____

Materials, Additional Services

Dishpacks	_____ at _____ per unit _____
Less than 3.0 cuft ctns	_____ at _____ per unit _____
3.0 cuft ctns	_____ at _____ per unit _____
4.5 cuft ctns	_____ at _____ per unit _____
6.0 cuft ctns	_____ at _____ per unit _____
Wardrobe ctns	_____ at _____ per unit _____
Crib matt carton/cover	_____ at _____ per unit _____
Single matt carton/cover	_____ at _____ per unit _____
Double matt carton.cover	_____ at _____ per unit _____
Queen matt carton/cover	_____ at _____ per unit _____
King matt carton/cover	_____ at _____ per unit _____
King box ctn	_____ at _____ per unit _____
Mirror ctn	_____ at _____ per unit _____
Lamp Carton	_____ at _____ per unit _____
Plasma TV Carton	_____ at _____ per unit _____
Crates cuft	_____ at _____ per unit _____
Appliances	_____ at _____ per unit _____
Add'l Labor	_____ at _____ per hour _____
Ferry or Bridge Toll	_____ at _____ _____
FUEL SURCHARGE	WT 10% 168.50

Declarations (Customer must initial preferences)

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one of the following options:

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 damage 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 net weight of the shipment.

_____ I understand this is a binding estimate and the estimate is not a guarantee. If _____

The maximum charge for this example is:

The estimate to the customer is:
 Plus 10% Fuel Surcharge:
Total Estimate:

\$1,877.81 {8,101lbs x \$0.2318 traveling 60 miles = \$1,877.81}
\$1,685.01 {8,101lbs x \$0.2080 traveling 60 miles = \$1,685.01}
168.50 { \$1,685.01 x .10 = \$168.50 }
\$1,853.51

Subtotal Moving, Packing, Materials, Storage Charges	1,853.51
Additional Valuation	0
Total Relocation Charges	1,853.51
Total Amount Paid	_____
Balance Due	_____

I have read and understand this contract thoroughly, my goods to the carrier subject to the terms and conditions above.

Release of Goods/Customer _____ Date _____

All goods noted on this contract or on the ...

Receipt for Goods/Driver _____ Date _____

Receipt for Goods/Customer _____ Date _____