

RECEIVED

SEP 29 2010

TV-101611-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

WASH. UT. & TP. COMM



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT					
<input checked="" type="radio"/> Check	<input type="radio"/> Money Order	<input type="radio"/> Amex	<input type="radio"/> Mastercard	<input type="radio"/> Visa	

Amount: \$550.00 Expiration Date: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): Matt Collins Company Name: All Ready Moving LLC

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket #

Reception #: 111-0268-207-02 550.00 111-0268-207-01 111-0268-013-20

0026108

Revised 06-10

ck # 5319

## BUSINESS INFORMATION

Name of Applicant Matt Collins & Mark Collins  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable All Ready Moving LLC

Physical Address 2020 Summit Lake Shore Rd NW Olympia,  
WA 98502

Mailing Address Same WA 98502

Telephone Number (360) 507-2447 Fax Number ( ) \_\_\_\_\_

UBI #: 602341394 Email: Collins.Matt@Comcast.net

USDOT #: \_\_\_\_\_ (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No Yes L & I Account No. "NO Employees" (required if you have employees.)

Have you registered with the Employment Security Department?  No Yes  
ESD No. \_\_\_\_\_ (required if you have employees)

Have you registered your business with the Department of Revenue? No  Yes

## TYPE OF BUSINESS STRUCTURE

Individual Partnership  Corporation (LP, LLP, LLC) Other \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>Matt Collins</u>	<u>owner</u>	<u>99%</u>
<u>Mark Collins</u>	<u>partner</u>	<u>1%</u>

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: THRISTON, LEWIS, MASON

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Household goods moving - Packing, Loading & Moving. All Ready Moving Plans to cater to the growing senior market of Thruston Co. Assisting our Local Seniors with their moving needs. By providing assistance with moving packing & assembly & disassembly of their household goods

Briefly describe your experience in the transportation/household goods moving industry:

All Ready Moving LLC has been providing this service for a number of years now & would like to take it a step further now and transport their goods to their new locations.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No Yes If yes, please indicate your permit number \_\_\_\_\_

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No Yes If yes, please explain \_\_\_\_\_

Do you currently operate interstate?  No Yes If yes, please indicate your MC# \_\_\_\_\_ and USDOT# \_\_\_\_\_

Do you operate interstate as an agent of another company?  No Yes If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?  No Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No Yes If yes, please explain: \_\_\_\_\_

## FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 18,000 <sup>-</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 1200 <sup>-</sup>
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 2100 <sup>-</sup>
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 3300 <sup>-</sup>
Land and Buildings	\$ 800,000	NET WORTH	
Trucks and Trailers	\$ 25,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 4,000	Retained Earnings	\$ 9,000
Other Assets	\$ 0	Capital	\$ 10,000
TOTAL ASSETS	\$ 848,000	TOTAL LIABILITIES & NET WORTH	\$

## EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

## SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

## SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

**DRIVER QUALIFICATION REQUIREMENTS:** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

**LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

**CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

*Matt Collins*

Position:

*OWNER*

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: *Matt Collins* Position: *OWNER*

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: *Matt Collins* Position: *owner*

DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

*Matt Collins* *[Signature]* *9-13-10 Olympia*  
Print name of applicant Signature of Applicant Date and Location

## ATTACHMENT A

### HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

All Ready Moving LLC

#### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

AUTO MALL MINI STORAGE (Manager-APRIL)

Address (include street address, mailing address, city, state, zip, and county):

1825 COOPER POINT ROAD SW- OLYMPIA WA 98502

Phone Number:

360-352-8055

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

I have many clients that need help with loading/unloading services.

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

I always have clients seeking assistance with their moves for upcoming moves and future moves.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Granting this company a permit will benefit the community by aiding our growing senior population with moving services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

All Ready Moving has done a lot of loading and unloading services for my clients and they have all been extremely satisfied.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location

9/17/10 Olympia, WA

**ATTACHMENT A**

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Applicant Name:

All Ready Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Travis Smith

Address (include street address, mailing address, city, state, zip, and county):

P.O. Box 11592 Olympia WA 98508

Phone Number:

253-350-4871

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Planning a move when I'm able to get into a house.

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

I have friends that I will recommend this company to who are moving in the near future.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

This company is a good, honest, straight-forward company with a committed team of movers that care about each customer they serve.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I believe this company to be the only affordable, reliable moving company in the Greater Olympia area.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location

9-17-10 Olympia, WA



**ATTACHMENT A**

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Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

All Ready Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Laura Thompson

Address (include street address, mailing address, city, state, zip, and county):

829 Israel Rd SW # B2  
Tumwater WA 98501

Phone Number:

(360) 584-5115

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

I will be moving from an apartment to a house the end of September

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

Yes, as a single mom I need these services

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

This is a service that people greatly need and depend on

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I have used this company in the past and they are very careful and trustworthy

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Laura Thompson

Date and Location

9/16/10 Olympia, WA

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BS  
ALLRE-1

DATE (MM/DD/YYYY)  
09/27/10

<b>PRODUCER</b> Nicholson & Associates 1802 Black Lake Blvd. SW Olympia WA 98512 Phone: 360-352-8444 Fax: 360-943-9712	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> All Ready Moving, LLC Matt Collins 2020 Summit Lake Shore Rd NW Olympia WA 98502	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Nautilus Ins Co.</b></td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>Nautilus Ins Co.</b>		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NN049688	08/12/10	08/12/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATU-TORY LIMITS</td> <td style="width:50%;">OTH-ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		E.L. DISEASE - POLICY LIMIT \$	
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E.L. EACH ACCIDENT \$														
E.L. DISEASE - EA EMPLOYEE \$														
E.L. DISEASE - POLICY LIMIT \$														
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

INFOONL ***** ISSUED FOR INFORMATION PURPOSES ONLY *****	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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## Commercial Customer Responsibility/Options

The base rate for commercial customers does not include Liability or Physical Damage coverage.

Commercial customers must purchase coverage for all rentals unless their insurance company has provided Penske a certificate of insurance that list Penske as additional insured and loss payee with at least \$500,000 combined single limit.

A commercial customer must purchase physical damage coverage through Penske with a choice of the following responsibilities but please be advised that **overhead damage** (damage above the cab due to insufficient clearance) is **not covered** by any of the Limited Damage Waiver choices:

LDW w/\$1000 responsibility for physical damage  
LDW w/\$5000 responsibility for physical damage

LIABILITY State Minimum Liability Coverage

Commercial customers that do not provide a certificate of insurance for liability are required to purchase coverage through Penske for the state minimum liability requirements.

*Dedication at every turn.*

**PENSKE**

# LET PENSKE'S OPTIONAL PROTECTION PLANS GIVE YOU PEACE OF MIND!!!

## Limited Damage Waiver (LDW)

- \* Eliminates any financial responsibility for damage to the truck.
- \* A Penske truck which is totaled in an accident can cost you up to \$50,000 without LDW!
- \* Most credit card and insurance companies will not cover damage to a Penske rental truck.

## Supplemental Liability Insurance (SLI)\*

- \* Provides excess liability insurance coverage. It increases, or supplements, the State Minimums provided by Penske. The total available in an accident would be \$1,000,000.
- \* Covers third party property damage and/or bodily injury claims if you are at fault in an accident.
- \* Helps protect your assets in the event of an at fault accident.

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**\* Renters and authorized drivers must be 21 years of age to purchase this Supplemental Liability Insurance Coverage**

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## Personal Accident Insurance (PAI)

- \* Provides accidental death and medical benefits during your truck rental
- \* Pays in addition to your own insurance, with no deductible
- \* Covers your passengers while they are riding in, entering, or exiting the truck.

## Cargo Insurance

- \* Provides up to \$15,000 protection for your possessions while renting the truck
- \* Pays in addition to any Homeowners, Renters, or other insurance policy

## Towing Insurance

- \* Protects against collision damage to your personal vehicle while being attached to, towed by, or detached from a Penske towing device
- \* Provides \$25,000 limit per occurrence



FORM #:314-980





Truck Leasing

www.pensketruckleasing.com

LOCAL COMMERCIAL CONFIRMED RESERVATION

CHECK OUT LOCATION

AUTO MALL MINI STORAGE (0693-60)
1825 COOPER POINT RD SW
OLYMPIA, WA 98502 USA
Voice (360) 943-0646 Fax (360) 292-7018
24 Hr Emergency Service. (800) 526-0798

RESERVATION INFORMATION

Reservation 24777083
Confirm # 0693601100903002
Due-Out 09/18/10 09:00 AM
Due-In 09/19/10 09:00 AM
Created on 09/02/10 05:46 PM

CUSTOMER INFORMATION

Bill To 3 6 A 7 4 5 0 1 0 6 9 3

Day (360) 507-2447

ALL READY MOVING LLC
2020 SUMMIT LK SH RD
OLYMPIA, WA 98502 USA

DRIVERS

Name

MARK COLLINS
MATTHEW COLLINS

NO HAZARDOUS MATERIAL BEING TRANSPORTED

UNITS / OPTIONAL COVERAGES / MISCELLANEOUS ITEMS

Table with 5 columns: Description, Quant, Unit of meas, Rate, US \$ Subtotal. Rows include 1315 - 15' Cube Van, LIMITED DAMAGE WAIVER / LDW \$1000 Responsibility, LIMITED DAMAGE WAIVER / LDW \$5000 Responsibility, SUPPLEMENTAL LIABILITY, LIABILITY COVERAGE / LIABILITY ACCIDENT INSURANCE, and environmental fee.

PAYMENTS & REFUNDS

Table with 3 columns: Type, Tran, Date, Details, Amount. Currently empty.

CHECK IN LOCATION

AUTO MALL MINI STORAGE (0693-60)
1825 COOPER POINT RD SW
OLYMPIA, WA 98502 USA
Voice (360) 943-0646 Fax (360) 292-7018

RENTAL STATUS

Created by A.SMITH
Completed by A.SMITH
Entered at 0693-60
Status CONFIRMED

TOTALS & NET DUE

ITEMS 101.40
ESTIMATED TAX 6.20
ESTIMATED TOTAL 107.60

NOTES

Customer's Signature \_\_\_\_\_

11750665

1/1

form m-994