

14840 Highway 106 Belfair, WA 98528

888-546-6820 JFSmoving@yahoo.com

Coastmovers.com Permit No. HG064232

ESTIMATE	D C	OST	SF	OR S	ER\	/ICI	<u>ES</u>			Bindir	ng Esti	mate			□ No	on-Bi	nding	g Esti	mate		
Origin:									Destination:												
Customer		Co	Contact Person (if different)																		
Address									Address of 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									_ de	elivery,	will be	made	by cu	stome	r. List	payr	nent t	ypes:			
								3													
IMPORTANT NOTICE additional services to change the amount of household goods car prepares and you sign	o compl of the o rier ma	lete the riginal y not c	movestime estime harge	e or add a ate. Hous more tha	articles ehold g	to the	inventor carriers a	ry, the	e hou quire	sehold d by lav	goods w to co	mover llect tr	must anspo	prepa rtatio	re a s n and	upple othe	ement er incid	al est lenta	imate whi	ch will	
The carrier gave me a copy of the brochure									Estimated Costs of Services										Estimated Charge		
"Consumer Guide Moving in Washington State."								HO	OURL	Y RATE	ED SHI	PMEN	TS (5	5 mile	s or l	ess)					
								IOURLY RATED SHIPMENTS (55 miles or less)Hours forvan(s) andmen @per hour									our	\$			
SIGNATURE OF CUSTOMER								OVE	OVERTIMEpersonnelhours @ \$per hour\$_										\$		
OSS AND DAMAGE					: The c	uston	ner	MIL		E RATI											
nust select and initial only one option.									N	1iles	po	unds (<u></u>		р	er p	ound		\$		
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								60 0	VALUATION CHARGES (choose one) 60 cents per pound per article										\$ No Ch	iarge	
damaged item, regardless of the actual value of the item. Replacement Cost Coverage with deductible which includes a \$200 deductible paid by me. This option will cost								at_	Replacement cost, with \$300 deductible \$ atper \$100 declared value									\$			
includes a \$300 deductible paid by me. This option will cost The value I declare must be at least \$5.00 times								Rep	Replacement cost, with no deductible \$atper \$100 declared value STORAGEpounds @ \$per 100 pounds, for each 30 days or fraction									¢			
the net weight of the shipment. Replacement Cost Coverage with no deductible at a																		۶			
cost of \$ The value I declare must be at least 55.00 times the net weight of the shipment.								STO										\$			
declare a total lump sum value for this shipment at								Wai	Warehouse handlingpounds @ \$per 100							100	\$				
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stimate: This shipmer neans the shipmen										SERVI											
arrier will not charge more then the estimated charges vithout preparing a supplemental estimate. This shipment is moving under a non-binding estimate. If																	\$				
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he charges shown on the bill of lading exceed the charges on this estimate, the carrier must release the shipment upon payment of																			\$		
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redit for at least 30 no case will I be req										CARD							•				
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Total