

ESTIMATED COSTS FOR SERVICES

Binding Estimate Non-Binding Estimate

Origin: 95 Byrd Dr, # D
 Customer: Moves for Seniors
 Address: 95 Byrd Dr, # D
 City/State/Zip: Steilacoom WA 98388
 Contact #: _____
 Packing Date: _____ Agreed Pick-up Date: 9-30-17 Agreed Delivery Date: 9-30-17

Destination: 6617 N 52nd St # 3
 Contact Person (if different): Mary Jones
 Address of Intermediate Stops: _____
 Contact #: _____
 PAYMENT: The customer and carrier agree that payment, at time of delivery, will be made by customer. List payment types:
Cash, check, cc, invoice

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): The customer must select and initial only 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 \$ 200. 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 \$ 280. 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 \$ 20,000.

Estimated Costs of Services		Estimated Charges
HOURLY RATED SHIPMENTS (55 miles or less)		
<u>5</u> Hours for <u>1</u> van and <u>2</u> men @ <u>110</u> per hour		\$ <u>550⁰⁰</u>
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 _____		\$ <u>No Charge</u>
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		\$ <u>550⁰⁰</u>

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. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

REMARKS

CONTAINERS		QTY	EST. CHG.
Dish packs			
Boxes			
Cartons less than 3			
3 ct.			
4 1/2			
6 ct.			
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] 9-30-17
 Signature of Carrier Representative Date

[Signature] _____
 Signature of Customer Date