



YAKIMA TRANSFER & STORAGE COMPANY
 1907 S. 11th Street
 Union Gap, WA 98903
 Tel: (509) 453-4868 Fax: (509) 453-2831
 Email: info@yakimatransfer.com

HG 30411

Order # 2082
 Pack _____
 Load 2/6/17
 Del _____
 Sales _____
 Coord _____
 Job Code 1061247

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 the form.

From	To
Customer <u>Moves For Seniors/Anna Mahoney</u>	Customer <u>Same</u>
Address <u>4004 2nd St</u>	Address <u>620 N 34th Ave</u>
City/State/Zip <u>Yakima, Wa</u>	City/State/Zip <u>Yakima, Wa</u>
H/Phone <u>509-945-1739</u> Cell _____	H/Phone <u>509-945-1739</u> 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
2/6/17	23466	Sergio Joe	8:45	9:00	0	12:15	12:30	3:44	120.00	450.00

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 90 days or less (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	_____
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)		Net	
Billed Shipment Weight	at	_____	Chg _____
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			
Dishpicks	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	_____	_____

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.
Estimates: The customer must initial option selected
 _____ I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.
 _____ I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate (plus any supplements) for mileage rated shipment, or more than 125% of the estimate plus supplements for hourly rated shipments. (THE 125% DOES NOT INCLUDE ANY FINANCE-RELATED CHARGES THE CARRIER MAY ASSESS FOR EXTENDING CREDIT, SUCH AS INTEREST OR LATE PAYMENT FEES.)

Subtotal Moving, Packing, Materials, Storage Charges	<u>450.00</u>
LESS 20% Commission	<u>- 90.00</u>
Additional Valuation	_____
Total Relocation Charges	<u>360.00</u>
Total Amount Paid	_____
Balance Due	_____

I declare a total lump sum value for this shipment at \$ _____
 TOTAL VALUATION CHARGES \$ _____
 I have read and understand this contract thoroughly, and release my goods to the carrier subject to the terms and conditions above.
 Release of Goods/Customer Anna Mahoney Date 2/6/17
 Receipt for Goods/Driver _____ Date _____

Method of Payment:
 Cash Check Credit Card
 Comments _____
 All goods were received in good condition except as noted on this contract or on the inventory form.
 Receipt for Goods/Customer Anna Mahoney Date 2/6/17