

CHANGE ORDER FOR SERVICES

THIS WILL CERTIFY AND ATTEST THAT SHIPPER OR SHIPPER'S REPRESENTATIVE AS SHOWN ON AGREEMENT FOR MOVING SERVICES AND BILL OF LADING NO. _____ DATED _____ WITH (CARRIER'S NAME) _____ REQUESTS ADDITIONAL SERVICES AND CHARGES AS INDICATED ON REVERSE OF THIS FORM. THIS DOCUMENT ISSUED AT:

FROM	FLOOR	TO	FLOOR
	APT. NO.		APT. NO.
	PHONE		PHONE

READ THIS CONTRACT		C=Explanation P=Packing L>Loading D=Driving UL=Unloading UP=Unpacking X=Time Out For
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DELIVERY INSTRUCTIONS NOTE: Additional charges for storage, extra handling and transportation will accrue if goods not accepted at destination. Notify: _____ Address/Phone: _____ Shipper Can't Furnish

STORAGE ORDERED
 In Transit Regular
 The Company is hereby authorized to wrap and moth treat. A charge will be made for handling in and out of storage and for wrapping, moth treating and accessorial services. Notice of Change of address of depositor must be given to company in writing. Store in any depository in _____

Name of _____	First Day @ _____	@ _____	¢/cwt.
Bill and Notify Address _____	Add'l Days @ _____	¢/cwt./day	
	Warehouse Handling _____	lbs @ _____	¢/cwt.

DESCRIPTION OF ARTICLES HIGH VALUE PRODUCTS & ELECTRONICS USED OFFICE & STORE FIXTURES & EQUIPMENT USED HOUSEHOLD GOODS & PERSONNEL EFFECTS
 Does Shipper Request Advice of Weight and Charges? Yes No

Tariff applying to this shipment is PUC MAX 4

HUNDREDWEIGHT RATE	AQ-B/P	1000 lbs.	2000 lbs.	5000 lbs.	8000 lbs.
(Bet. Points Named)					
Min. Weight	Miles	12000 lbs.	16000 lbs.		

Long Carry Pickup and del. at other than ground floor _____ Per Cwt. Per Flight ¢ Add'l Chg. _____ Extra pickup and/or Delivery at \$ _____ ea. \$ _____ Transit Store Rate CWT _____

HOURLY RATE: Min. Chg. _____ 1 Hour _____ Additional helpers if requested minimum chg. _____
 Van and Men \$ _____ Per Hr. at \$ _____ per man per hr.

ACCESSORIAL RATE: Del. or pickup of ship. containers _____ Or Hourly Chg. of \$ _____ Inventory Hourly Rate _____
 NO. OF PACKERS _____ \$ _____ EA. _____
 PACKING _____ Per Man _____ Labor Chgs Min _____ Min. Chg. _____
 CRATING @ \$ _____ Per Hr. _____ of _____ Hours _____ Loading _____ Hrs. _____
 UNPACKING _____ Per Man _____ \$ _____ Double Driving _____ Hrs. _____
 UNCRATING @ \$ _____ Per Hr. _____ Unload _____ Hrs. _____

PIECE MOVING (Not over 5 pcs.) 1st Article _____ Add'l. Articles _____ Miles _____ Ea. _____
VALUATION DECLARATION The Articles listed will be included in the Valuation-Declared in the Agreement for Moving Services unless a change is requested. Shipper requests a change in the valuation listed in the Agreement for Service and declares shipment to be: _____

\$ _____
 To be completed by shipper signing below
 The level of protection actual cash value or full value indicated on the Agreement will apply at carriers stated rate per \$100 of declared value, unless otherwise indicated here.
TRANSPORTATION OPTIONS
 _____ 60¢ Per pound per article - No additional cost.
 _____ Actual Cash Value @ \$ _____ per \$100 of Declared Value.
 _____ Full Value @ \$ _____ per \$100 of Declared Value - Deductible \$250.00 \$500.00
 INITIALS _____
STORAGE IN TRANSIT VALUATION OPTIONS
 _____ Actual Cash Value @ \$ _____ per \$100 of Declared Value.
 _____ Full Value @ \$ _____ per \$100 of Declared Value - Deductible \$250.00 \$500.00
 INITIALS _____

I UNDERSTAND THAT THE COST FOR SERVICES RENDERED WILL "NOT EXCEED"
 _____ (Total Price) _____ (Initial)
 SHIPPER UNDERSTANDS THAT SHOULD SHIPPER REFUSE TO SIGN CHANGE ORDER, MOVER IS NOT LEGALLY PERMITTED TO PROVIDE CHANGE ORDER SERVICES REQUESTED.

I understand that I may be required to pay for the services requested above at time of delivery. These charges are in addition to those charges set forth on the ESTIMATED COST OF SERVICES. Carrier is not required to extend credit in the amount of the charges accrued for the above additional services. I have read this contract and agree with the provisions herein, and received a copy.
Additional articles and other services: _____

MATERIALS	MATERIAL		PACKING		UNPACKING		AMOUNT
	Qty.	Rate	Qty.	Rate	Qty.	Rate	
Dishpack (not over 5 cu. ft.)							
Cartons: 1 1/2 cu. ft.							
3 cu. ft.							
4 1/2 cu. ft.							
6 cu. ft.							
Mattress: Single							
Mattress: Double							
King or Queen Size							
Crib							
Mirror Cartons							
Wardrobe							
Crates							

DELIVERY / PICK-UP OF CONTAINER @ \$ _____

PACKERS NAME	HOURS	DATE
TOTAL HOURS @ \$ _____		Per Hr. _____
Sales Tax _____ %	County _____	
No. of Packers <input type="checkbox"/> Origin <input type="checkbox"/> Dest.	TOTAL PACKING _____	
HOURS _____	CARTAGE @ \$ _____	Per Hr. _____
Overtime _____	Hours @ \$ _____	Per Hr. _____
Extra Man () _____	Hours @ \$ _____	Per Hr. _____

APPLIANCES to be serviced _____ If none write "NONE"
 EXTRA PICK-UP OR DELIVERY _____
 HOISTING / LOWERING _____

Gross Weight _____	Lbs.	Tare Wt. _____	Lbs.
Net Weight _____	Lbs. @ \$ _____	Per Cwt. _____	
Flight Charge/Long Carry _____	@ _____	¢ Per Cwt.	

VALUATION CHARGE _____
ESTIMATED CHARGES \$ _____
 TO BE PAID BY CASH CHECK CERTIFIED CHECK MONEY ORDER CREDIT CARD APPR. BILLING
TOTAL _____

Carrier's Representative _____ Shipper or his Representative _____ Date _____
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