



OFFICE MOVING BILL OF LADING ORDER FORM



DESCRIPTION	QTY	PRICE	MEMBER PRICE	ORDER QUANTITY	TOTAL
NON-IMPRINTED	100	\$90.00	\$50.00		
PROOF CHARGE	1	\$40.00	\$30.00		
IMPRINTED	500	\$385.00	\$190.00		
	1,000	\$550.00	\$280.00		
CONSECUTIVE NUMBERING (ADDITIONAL)	Up to 1,000	\$45.00	\$25.00		
	1,001 to 2,000	\$70.00	\$35.00		
FIRST ADDT'L ADDRESS	1	\$40	\$20.00		
EACH ADDT'L ADDRESS AFTER THE 2ND ADDRESS	1	\$20	\$10.00		
GRAND TOTAL:					

IMPRINT INFORMATION (PLEASE TYPE—FOUR LINE MAXIMUM. If printing more than one address on form, be sure to include additional charges as listed above.)

NAME: _____ PERMIT: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____ PHONE: _____
 STARTING #: _____

SHIPPING INFO	PRE-PAYMENT REQ'D
COMPANY:	NAME ON CARD:
ATTN:	CARD #:
ADDRESS:	EXP: CVV:
CITY/STATE/ZIP:	BILLING ADDRESS:
PHONE:	CITY/STATE/ZIP:
INDICATE TYPE OF SHIPPING ADDRESS: RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>	MAKE CHECKS PAYABLE TO: CMSA



**MAIL THIS FORM TO: CMSA, 10900 E. 183RD ST., STE. 300, CERRITOS, CA 90703
 OR FAX TO: (562) 865-2944. Call (562) 865-2900 for questions.**

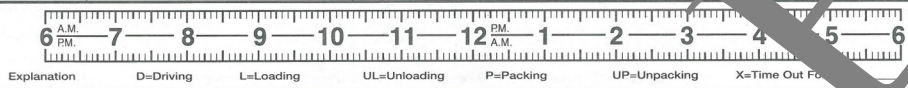
Orders with imprinting may take up to 8-9 weeks to be delivered.

OFFICE MOVING BILL OF LADING

MOVE DATE: _____ A.M.
P.M.
SITE START TIME: _____ A.M.
P.M.

SHIPPER _____ CONSIGNEE _____
ADDRESS _____ ADDRESS _____
CITY/ST/ZIP _____ CITY/ST/ZIP _____
CONTACT _____ CONTACT _____
PHONE _____ PHONE _____

Equipment	Name	Job Title	Time In	Time Out	S.T.	O.T.	Lunch



VALUATION
Shipper is requested to read this document before signing and ask for an explanation of anything not clear or inconsistent with any previous representation. The consignor's signature on this document will authorize the carrier to move, ship, or store the goods referred to below, or on a separate inventory made a part of this documentation, from the above shipper location (Consignor) to the Consignee's address, subject to the conditions outlined on the reverse of this document. The shippers agrees or declared value of the shipment transported hereinunder will be:

- Not exceeding _____ per pound per article (Initial) _____
- A declared amount as \$ _____ of Actual Cash Value protection for which an additional charge is required. (Initial) _____
- A declared amount as \$ _____ of Full Value protection for which an additional charge is required. (Initial) _____

DESCRIPTION/INSTRUCTIONS STRAIGHT TIME	SERVICE	QUANTITY	RATE	AMOUNT
	men	hrs.	per hr.	
	X-men	hrs.	per hr.	
	Supervisor	hrs.	per hr.	
	Foreman	hrs.	per hr.	

DESCRIPTION/INSTRUCTIONS OVERTIME	SERVICE	QUANTITY	RATE	AMOUNT
	men	hrs.	per hr.	
	X-men	hrs.	per hr.	
	Supervisor	hrs.	per hr.	
	Foreman	hrs.	per hr.	

PACKING MATERIAL/EQUIPMENT RENTAL	TYPE	QUANTITY	RATE	AMOUNT

TOTAL PACKING MATERIAL/EQUIPMENT RENTAL	TYPE	QUANTITY	RATE	AMOUNT

MISC. SERVICES	TYPE	QUANTITY	RATE	AMOUNT

VALUATION PROTECTION	TYPE	RATE	AMOUNT

CUSTOMER AGREES THAT TITLE TO ALL PACKING MATERIALS AND OTHER PROPERTY SOLD TO CUSTOMER PASSES TO CUSTOMER PRIOR TO THE TRANSPORTATION OF SUCH PROPERTY TO THE CUSTOMER BY CARRIER. It is agreed that this document, WHICH INCLUDES THE CONDITIONS PRINTED ON THE REVERSE, shall be binding and valid, however that in case of storage, other than storage-in-transit, the Warehouse Receipt, when issued shall constitute the contract of storage between the carrier and the shipper. ALL DELIVERIES ARE C.O.D. UNLESS OTHERWISE CLEARLY SPECIFIED.

TOTAL	
PREPAID	
BAL. TO COLLECT	

Origin: _____ Destination: _____
Customer Signature: _____ Received by consignee in good order unless otherwise noted
Carrier's Signature: _____