



THG063841

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Order \_\_\_\_\_  
Pack \_\_\_\_\_  
Load \_\_\_\_\_  
Del \_\_\_\_\_  
Sales \_\_\_\_\_  
Coord \_\_\_\_\_  
Job Code \_\_\_\_\_

## UNIFORM HOUSEHOLD GOODS BILL OF LADING

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instruction 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 this form.

<b>From:</b>	<b>To:</b>
Customer _____	Customer _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
H/Phone _____ Cell _____	H/Phone _____ Cell _____
W/phone _____ Page _____	W/phone _____ Page _____
E-mail _____	E-mail _____
Add'l Pickup _____	Extra-Stop _____
Billing Address _____	Other _____

Hourly Rated Moves										
Day	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs	Rate	Charges

**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 less than 90 days (Storage-In-Transit). I understand that on the 91st day of storage the shipment becomes permanent storage.

\_\_\_\_\_ 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.

<b>Storage in Transit</b>	_____ 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 _____
<b>Permanent Storage</b>	_____ 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) Gross	_____	Tare _____	Net _____
Expedited Shipment Wt. (cust sign here)	_____		Net _____
Billed shipment weight	_____ lbs at _____		Cwt _____
Stairs	_____ at _____		Cwt _____
Distance Carry	_____ at _____		Cwt _____
Elevator	_____ at _____		Cwt _____
Extra pickup/del	_____ at _____		ea _____
Piano	_____ at _____		per stop _____
Piano carry	_____ at _____		ea _____
Overtime Labor	_____ at _____		per hour _____
Mileage	_____		_____
Other	_____		_____

**Materials, Additional Services**

Dishpacks	_____ 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	_____ at _____	per unit _____
Single matt	_____ at _____	per unit _____
Double matt	_____ at _____	per unit _____
Queen matt	_____ at _____	per unit _____
King matt	_____ at _____	per unit _____
King box ctn	_____ at _____	per unit _____
Mirror ctn	_____ at _____	per unit _____
Crates cuft	_____ at _____	per unit _____
Appliances	_____ at _____	per unit _____
Add'l Labor	_____ at _____	per unit _____
Ferry or Bridge Toll	_____ at _____	per hour _____

**Declarations** (Customer must initial preferences)

\_\_\_\_\_ **Basic Value Protection:** I release this shipment to a value of \$.60 per pound per article, at no cost to me. This means I will be paid \$.60 per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

\_\_\_\_\_ I declare a lump sum total dollar valuation of this entire shipment of \$ \_\_\_\_\_ and select the following:

\_\_\_\_\_ **Replacement Cost Coverage w/ 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 w/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 did not request a written estimate on this shipment and understand I will be required to pay charges as shown on this contract.

\_\_\_\_\_ I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown of 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 that 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplements) for mileage rated shipment, or more than 125% of the estimate plus supplements for hourly rated shipments.

Subtotal Moving, Packing Materials, Storage Charges \_\_\_\_\_

Additional Valuation \_\_\_\_\_

**Total Relocation Charges** \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

**Balance Due** \_\_\_\_\_

**Payment:** (Customer must initial) The customer and carrier agree that payment, at time of delivery, will be made by:

\_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

Receipt for Goods / Driver \_\_\_\_\_ Date \_\_\_\_\_

All goods were received in good condition, except as noted on this contract or on the inventory form.

Receipt of Goods / Customer \_\_\_\_\_ Date \_\_\_\_\_