



COMBINED UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL FOR MOVING OR WAREHOUSING

Important Notice: The charges indicated herein are estimated charges only. All charges are subject to actual time plus travel or actual weight, whichever is applicable. The mover agrees to accept payment by cash, certified check, money order, credit card or other.

Pack Date: _____ Load Date: _____ Delivery Date: _____

Shipper: _____ Phone: _____
 From: _____ To: _____
 City: _____ State: _____ City: _____ State: _____
 Additional Stop: _____ Additional Stop: _____

TIME BASIS	Furnish _____ moving vans and _____ men @ \$ _____ per hour			Total Working Hours
	Time Record/Working Time Day #1			
	Start:	AM / PM	Shipper's Initials: _____	
	Finish:	AM / PM	Shipper's Initials: _____	
	Time Record/Working Time Day #2			
	Start:	AM / PM	Shipper's Initials: _____	
	Finish:	AM / PM	Shipper's Initials: _____	
	Moving Day #1:	Hours @ \$ _____	Per Hour	
	Moving Day #2:	Hours @ \$ _____	Per Hour	
	Travel Time:	Hours @ \$ _____	Per Hour	
Storage Drop/Unload:	Hours @ \$ _____	Per Hour		
Transit/Depository Insr:	\$ _____ @ \$ _____	Per \$1,000.00		

STORAGE Store _____ cubic feet equals _____ crates @ \$ _____ per crate per month
 New Jersey Sales Tax (7%)
 Handling Fee
 Other: _____

PACKING SERVICES	Qty.	Container	Rate	Total	Qty.	Container	Rate	Total
		Dishpak				Mattress Carton		
		1.5 Cu. Ft.				Mirror/Picture		
		3 Cu. Ft.				Crate		
		4.5 Cu. Ft.				Other		
	Wardrobe				Other			

BOXES ONLY	Qty.	Container	Rate	Total	Qty.	Container	Rate	Total
		Dishpak				Mattress Carton		
		1.5 Cu. Ft.				Mirror/Picture		
		3 Cu. Ft.				Bubble Wrap		
		4.5 Cu. Ft.				Paper		
	Wardrobe				Tape			

TOTAL COST OF SERVICES:

PAYMENT OF CHARGES

All charges to be paid in cash, money order or certified check before property is relinquished by carrier or carrier shall bill:

Payment Type Visa MasterCard American Express Discover Check # _____ Other _____	Billing Information Address: _____ City, State, Zip: _____ Credit Card #: _____ Signature: _____
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The above services were rendered and all goods delivered, in good order, except as noted:

SIGNATURE OF CARRIER	DATE	SIGNATURE OF SHIPPER	DATE
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