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ELITE MOVING LABOR

"Your Move, Our Movers."

Operations Center
5811 Memorial Hwy
Suite 105
Tampa, FL 33615

JOB INFORMATION

DATE _____ TIME _____ ☐ FIRM
☐ WINDOW
TYPE _____ SIZE _____ QTY _____ CREW _____
NAME _____
PHONE _____ ALT _____
E-MAIL _____

SPECIAL INSTRUCTIONS & NOTES

ORIGIN

STREET _____ APT # _____ ☐ STAIRS
☐ ELEVATOR
CITY _____ STATE _____ ZIP _____
SERVICE _____ HOME _____

ADDITIONAL STOP

STREET _____ APT # _____ ☐ STAIRS
☐ ELEVATOR
CITY _____ STATE _____ ZIP _____
SERVICE _____ HOME _____

DESTINATION

STREET _____ APT # _____ ☐ STAIRS
☐ ELEVATOR
CITY _____ STATE _____ ZIP _____
SERVICE _____ HOME _____

BILLABLE TIME

ALL APPLICABLE FIELDS **MUST** BE COMPLETED. START/END/TOTAL TIME MANDATORY.
ROUND ALL TIMES TO THE NEAREST 1/4 HOUR. (EXAMPLE: 1:05PM = 1:00PM)

MOVER NAME	ARRIVAL TIME	DEPART TIME	TOTAL HRS
	: AM / PM	: AM / PM	
	: AM / PM	: AM / PM	
	: AM / PM	: AM / PM	
	: AM / PM	: AM / PM	

SUPERVISOR JOB NOTES & EXCEPTIONS

ADD JOB NOTES, EXCEPTIONS & DAMAGES. IF LOADING, WRITE IN QTY OF FURNITURE PADS ON SITE.

☐ YES, CUSTOMER PROVIDED FURNITURE PADS QTY FURN PADS ON SITE

WORK ORDER COMPLETION & TOTAL DUE

TOTAL THE BILL USING THE FIELDS BELOW. BILLABLE AMOUNT MUST MATCH TOTAL HOURS.

<input type="checkbox"/> 2 HR MINIMUM	<input type="checkbox"/> 3 HR MINIMUM	<input type="checkbox"/> 4 HR MINIMUM
MINIMUM HOURS TOTAL	\$0.00	
TRAVEL CHARGE	\$0.00	
APPLIED DISCOUNT	\$0.00	
DEPOSIT AMOUNT PAID	\$0.00	
SUBTOTAL DUE	\$0.00	
ADDITIONAL PRICE PER HR	\$0.00	
(+) ADDITIONAL HOURS	\$	
(+) MOVING SUPPLIES	\$	
(+) MOVING TRUCK	\$	
(-) ADDITIONAL DISCOUNTS	\$	
TOTAL AMOUNT DUE	\$	

By signing below, I Agree that the total times listed above are true and the work has been completed. Signature releases Elite Moving Labor ("EML"), their contractors, employees, suppliers, licensee's and affiliates from any incurred damage claims. Any item(s) damaged and covered by Released Valuation, mandated at \$0.60/lb per item, must be reported on this work order to be considered. **Liability for damages ceases upon the departure of the moving team.** Customer agrees that under no circumstances is EML or the moving team responsible for more than \$0.60/lb per item for damages caused directly by their employees, contractors, licensee's or affiliates. We reserve the right to verify all claims using any and all reasonable standards for achieving proper verification of claims. **Customer agrees to these terms and conditions and limitations of liability.**

CUSTOMER SIGNATURE

PRE-MOVE WAIVERS & EXCEPTIONS

REVIEW ALL APPLICABLE WAIVERS WITH THE CUSTOMER PRIOR TO BEGINNING THE MOVE.

INITIALS I, CUSTOMER MUST INITIAL NEXT TO EACH WAIVER THAT APPLIES TO THEIR MOVE. (CHECK MARKS ARE NOT ACCEPTABLE)

- ☐ **FURNITURE PADS:** THE CUSTOMER IS RESPONSIBLE FOR FURNITURE PADS WHEN LOADING. 1 DOZEN PADS PER 5' OF SPACE IS RECOMMENDED.
- ☐ **MOVERS RESERVE THE RIGHT TO WAIVE RESPONSIBILITY FOR ANY ITEM(S) THEY FEEL CANNOT BE MOVED SAFELY W/O DAMAGE TO THE HOME/ITEM. IF CUSTOMER ALLOWS MOVEMENT OF THESE ITEMS DAMAGE TO HOME/ITEM ARE WAIVED.**
- ☐ **WASHER/DRYER:** TRANSIT BOLTS REQUIRED FOR FRONT LOAD UNITS. SECURING BOLTS MUST BE PROVIDED. GAS APPLIANCES CANNOT BE CONNECTED/DISCONN.
- ☐ **PARTICLE BOARD, CUSTOMER PACKED BOXES AND LOADS WITHOUT THE CORRECT QTY OF PADS ARE EXEMPT FROM OUR LIABILITY. LIABILITY WILL NOT EXCEED RELEASED VALUATION OF \$0.60/LB PER ITEM AND ENDS WHEN WE DEPART.**
- ☐ **ABF & 28' TRAILER LOADS:** THESE SUSPENSIONS ARE SPRING RIDE AND PROVIDE LITTLE PROTECTION FROM SHIFTING. YOUR ITEMS WILL LIKELY BE DAMAGED WITHOUT SIGNIFICANT PADDING AND E-TRAC STRAPS.
- ☐ **PIANOS & HEAVY ITEMS:** A 3-MAN CREW IS REQUIRED FOR ALL STANDARD UPRIGHT / SPINET PIANOS AND ITEMS OVER 250LBS. A 4-MAN CREW IS REQUIRED FOR ALL OVER-SIZED UPRIGHT PIANOS AND 400LB+ ITEMS.
- ☐ **FRAGILE & HIGH VALUE ITEMS MUST BE CRATED/PROFESSIONALLY PACKED FOR PROPER HANDLING. DAMAGE LIABILITY ON SITE WAIVED IF APPROPRIATE CARE HAS NOT BEEN MET.**
- ☐ **I UNDERSTAND THAT ONCE THE MOVERS LEAVE THE JOB SITE THE LIABILITY FOR DAMAGE CLAIMS ENDS. YOU OR YOUR TRANSPORTATION COMPANY TAKES POSSESSION ONCE THE WORK ORDER HAS BEEN SIGNED.**

BILLING & PAYMENT

SELECT THE PAYMENT METHOD RECEIVED. IF PAYING BY CREDIT CARD ALL FIELDS MUST BE COMPLETED. "CARDHOLDER SIGNATURE" REQUIRED.

☐ CASH | CASH AMOUNT _____ (AMOUNT OF CASH RECEIVED)
☐ CHECK | CHECK NUMBER _____

IF CHECKED, CUSTOMER HAS COMPLETED THE PRE-AUTH FORM. NO ON SITE
☐ PAYMENT IS REQUIRED. TWO SIGNATURES REQUIRED TO COMPLETE THE ORDER.
*** (CAN ONLY BE CHECKED BY EML OFFICE. IF UNCHECKED PAYMENT IS REQUIRED) ***

COMPLETE THIS SECTION ONLY IF THE CREDIT CARD PAYMENT IS BEING PROCESSED BY EML.

☐ VISA / MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER _____

EXP DATE (MM/YY) _____

CCV NUMBER _____

CARDHOLDER NAME _____

In lieu of my credit card imprint, I hereby authorize Elite Moving Labor ("EML") to charge the "Total Amount Due" listed on this work order for moving labor, moving related services and/or moving supplies to the card number provided. In the event that the "Total Amount Due" was calculated incorrectly, I authorize EML to charge my account for the correct amount due as determined by the total billable time and the rates listed on this work order. If the card provided results in a decline, I authorize EML to charge any backup funding source I have on file. By signing below and submitting for payment, I acknowledge the acceptance of the terms and conditions. Additionally, I waive any charge-back rights and in the event of a dispute, request for a refund must be submitted in writing along with any/all documentation in accordance with the policy of our merchant provider.

CARDHOLDER SIGNATURE _____