

ESTIMATED COSTS FOR SERVICES

 Binding Estimate

 Non-Binding Estimate

Origin		
Customer		
Address		
City/State/Zip		
Contact #		
Packing Date	Agreed Pick-up Date	Agreed Delivery Date

Destination
Contact Person (if different)
Address of Intermediate Stops
Contact #
PAYMENT The customer and carrier agree that payment, at time of delivery, will be made by customer. List payment types:

IMPORTANT NOTICE: A nonbinding estimate covers only the articles listed. If it is not binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household goods carrier prepares and you sign a supplemental estimate.

Consumer Guide Moving in Washington State

I certify the carrier provided me with a hard copy or emailed to me the brochure "Consumer Guide Moving in Washington State."

SIGNATURE OF CUSTOMER _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one valuation protection option:

Basic value protection. I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement cost coverage with deductible which includes a \$300 deductible paid by me. This option will cost \$_____. The value I declare must be at least \$9.16 times the net weight of the shipment.

Replacement cost coverage with no deductible, at a cost of \$_____. The value I declare must be at least \$9.16 times the net weight of the shipment.

I declare a lump sum total dollar valuation on this entire shipment of \$_____.

Estimate (carrier to select type of estimate)

_____ This shipment is moving under a binding estimate. This means the shipment is moving under a guaranteed price. The carrier will not charge more than the estimated charges without preparing a supplemental estimate.

_____ This shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on this estimate, the carrier must release the shipment upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days at which time the remainder is due. In no case will I be required to pay more than 125% of the estimate, plus any supplemental. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

DESCRIPTION	CONTAINERS			PACKING		
	QUAN	RATE	AMOUNT	QUAN	RATE	AMOUNT
Dish packs						
Boxes						
Cartons less than 3 cu. ft.						
3 cu. ft.						
4 1/2 cu. ft.						
6 cu. ft.						
Wardrobe cartons						
Mattress cartons/cover crib						
Mattress cartons/cover twin						
Mattress cartons/cover double						
Mattress cartons/cover queen						
Mattress cartons/cover king						
Mirror cartons						
Lamp cartons						
Plasma TV carton						
Crates and containers						
Total						

Estimated Costs of Services

Estimated Charges

VALUATION CHARGES (customer chooses one)

- **Basic Valuation**, 60 cents per pound per article **\$No Charge**
- **Replacement cost with \$300 deductible**, \$_____ \$_____
at _____ per \$100 declared value
- **Replacement cost with no deductible**, \$_____
\$_____ at _____ per \$100 declared value

STORAGE

- _____ pounds @ \$_____ per 100 pounds, for _____ \$_____
each 30 days or fraction
- **Warehouse handling** _____ pounds @ \$_____ per _____ \$_____
100 pounds
- **Additional Valuation** _____% of _____ transportation \$_____
valuation amount, for each 30 days or fraction

HOURLY RATED SHIPMENTS (55 miles or less)

_____ hours for _____ van(s) and _____ workers @ _____ per hr. \$_____

OVERTIME: _____ workers _____ hours @ \$_____ per hour \$_____

MILEAGE RATED SHIPMENTS (more than 55 miles)

_____ miles _____ pounds @ _____ per pound \$_____

Mileage calculation software _____

PER-DIEM: For shipments moving more than 55 miles that require workers to stay overnight, the carrier may charge per-diem. Number of workers needing overnight stay _____ \$_____. Number of overnight stays _____ rate per worker _____.

OTHER SERVICES & CHARGES

_____ \$_____

_____ \$_____

_____ \$_____

Subtotal \$_____

TOTAL CHARGES \$_____

REMARKS

Signature of Carrier Representative

Date

Signature of Customer

Date