StorageTransit.com

www.storagetransit.com

email: info@storagetransit.com

Toll-Free: (800) 616-3490 Fax: (800) 616-1439

P.O. Box 335, Evans, GA 30809

Uniform Household Goods Bill of Lading and Freight Bill

Connecting or Interlining Carrier (if any): Interstate Truck – TBD												
Interlining or Conn	ecting Carrier (if any):	Interstate	Truck - TBD									
				Consi	anad							
Shipper:				to:	gri c u							
Address:				Addre	001							
		VA/ e ele-										
Phone 1:		Work:		Email:								
City:		State:	Zip	City:					State:	Zip		
Actual	Load Date	Agre	ed Load Date	GTD	Pickup D	ate	Agree	d Delivery	Expect	ted Del. W	indow	
			W	/EIGHT		TRAN	SPORTA	TION				
SPECIAL SERVICES Expedited Service ordered by shipper						Original Re-weigh			Job No.:			
delivered on or before:						Oi.	igiliai	Ke-weigii	JOD 110			
	Shipment completely	cubic foot ely occupied a vehicle			Gross:				Tariff:			
	Onipment completely	occupied a			CBF							
	Exclusive use of	6 or 26 Foot	cubic foot			7-1 min. conversion			Section:			
	a 1	0 01 20 1001	or 26 Foot Box vehicle			TBD			Exception:			
Approx. WEIGHT pounds: \$ with standard insurance									Tariff Rate:			
					Min Wt:	2,000			ranii Rate.			
	NOTIFICATIO						DETAILS	OF PACKING M	IATERIALS			
	Shipper requests notification (C.O.D. Damages)	fication of cha	rges to party shown bel	ow.		Descrip	otion	Quantity		Amoun	<u>t</u>	
Notify:	(C.O.D. Damages)				Dish Pa		nubio ff		12 7			
Address:			Phone:		Cartons – 1.5 cubic ft. 3.0 cubic ft.				9			
			Priorie.		4.5 cubic ft.				11		-	
	charges exceed estima	ate by 10%			Mirror Pack-medium				12		_	
Notify:					Wardrobe Cartons				15			
Address:			Phone:		Mattress Bag – King				10			
BILLING (IF VI	A CC, ALL CHARGE	S PAID 48	PRIOR TO DELIVER	Y)	Mattres	s Bag -	- Queen		10			
							Per Item		15			
					Bin Ren				25		_	
					Paper F		piy		12		_	
FOTHATEO, The		-4:			Lamp Boxes Picture Boxes - Large			15				
	customer must initial the o				Tape Rolls			2.5		-		
X I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.						Newsprint – Per Reem						
I understand this shipment is moving under a binding estimate and that I will be required to						Oversize Box // T.V.						
pay the amount shown on that estimate. I understand this shipment is moving under a non-binding estimate.						Grandfather Clock / Piano						
NOTE: if the charges shown on this bill exceed the charges in the non-binding estimate given to me by the						Spec. Crating / Pallets 25						
carrier, the carrier must release the shipment to me upon payment of no more than 125% 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						Packing time: TBD						
to pay more than 125% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments (NOT INCLUDING PACKING).						TOTAL PACKING AND MATERIALS CHARGES						
VALUATION: The		DETAILS TRANSPORTATION, VALUATION AND SERVICES PROVIDED Service: Load, Wrap,										
X Basic Value	d per	deliver (per pound)										
article. Depreciated Value Protection. I release this shipment to a value of \$2 per pound times						e (per o	extra item					
the shipment weight.						eight:						
Or,						use to mi.	destinatior					
X I declare a lur			ısit, 30 day	'S								
\$ and s	select the following option:				or fracti	on						
Replacement Cost Coverage with a \$500 Deductible							than 5 da				_	
(Declared value must be at least \$3.50 times the weight of shipment.) Actual Cost Coverage with \$500 deductible.						valuat old	ion charge	:5		 	\dashv	
(Declared value must be at least \$3.50 times the weight of shipment.							er 65 feet)				\dashv	
STORAGE: If shipment will be placed in storage, the customer must initial the option selected: N/A This shipment is to be placed in storage for a period of less than 90 days (Storage-In-							s / Elev.				\dashv	
Transit).						Insurance-HHG (.017)			.013			
This shipment is to be placed in storage for more than 90 days (Permanent Storage).												
This shipmen understand that on	Shuttle											
understand that on the 91st day of storage the shipment becomes permanent storage. CUSTOMER AGREEMENT TO TERMS:						TOTAL FOR TRANS., VALUATION & SERVICES						
Signed Name:						ard @		S / FAMILY ON	I OCAL:	 	_	
Signed Name:	·						f Delivery		LOCAL.		-	
Date: / E-mail:										<u> </u>		
	=				BALANC	E DUE	FROM CUS	TOMER				
All goods were received in good condition, except as noted on this contract or on the inventory form.												
Receipt for good	s:		/ / /	Delive	y receipt:				1			
, 9254	Driver's Signatu	ire	// Date	Custo					Date	/		
RELEASED F	BY INTERLINING (_							
				Dal	ago Noteu:							
Signature: _			_!!	Date								

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Uniform Household Goods Bill of Lading and Freight Bill CREDIT CARD AUTHORIZATION

Amount Authorized <u>:</u>	
Credit Card #:	
Credit Card Type: <u>Visa</u>	
Expiration:	3 Digit Security Code:
Name of Card:	
Billing Address:	
the above contract and the governing moving, storage and shipping charge Furthermore, I understand and authorard processing charge as per the a amount is expected to be charged in prior to delivery is preferred). Additional owe an additional amount at or prior to delivery is preferred.	e my credit card in the above amount based on ag contract. These charges are based on ges which I have contracted and authorized. orize a three and one half percent (3.5%) credit above services contract. I understand this a full after pickup and before delivery (2-4 days tionally, I understand if actual services or weight on) is greater than the amount authorized, I may reto delivery.
Signed and Agreed:	
CUSTOMER SIGNATURE	
CUSTOMER NAME	
=======================================	=======================================

Move Coordinator Michael Meyer Interstate Associate - StorageTransit

Phone: 800-616-3490 Direct cell: 206-755-0101