

**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: From:	Phone: To:	Phone:
City:	State:	City: State:
Additional Stop:	Additional Stop:	

<b>TIME BASIS</b>	Furnish moving vans and men @ \$ per hour			<b>Total Working Hours</b>
	<b>Time Record/Working Time Day #1</b>			
	Start:	AM / PM	Shipper's Initials:	
	Finish:	AM / PM	Shipper's Initials:	
	<b>Time Record/Working Time Day #2</b>			
	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		

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

<b>PACKING SERVICES</b>	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		

  

<b>BOXES ONLY</b>	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:

<p><b>Payment Type</b></p> <p> <input type="checkbox"/> Visa      <input type="checkbox"/> MasterCard  <input type="checkbox"/> American Express      <input type="checkbox"/> Discover  <input type="checkbox"/> Check # _____  <input type="checkbox"/> Other         </p>	<p><b>Billing Information</b></p> <p>           Address: _____            City, State, Zip: _____            Credit Card #: _____            Signature: _____         </p>
--	--

The above services were rendered and all goods delivered, in good order, except as noted:

<b>SIGNATURE OF CARRIER</b>	<b>DATE</b>	<b>SIGNATURE OF SHIPPER</b>	<b>DATE</b>
-----------------------------	-------------	-----------------------------	-------------