### ESTIMATED COSTS FOR SERVICES

**Origin:**
- Date
- QUAN
- RATE
- PACKING

**Packing Date**
- Agreed Pick-up Date
- Agreed Delivery Date

**Estimated Costs of Services**

**HOURLY RATED SHIPMENTS (55 miles or less)**
- Hours for ___ van(s) and ____ men @ ____ per hour
- OVERTIME ____ persons ____ hours @ $____ per hour

**MILEAGE RATED SHIPMENTS (56 miles or more)**
- Miles ____ pounds @ $$____ per pound
- Mileage calculation software 

**VALUATION CHARGES (choose one)**
- 60 cents per pound per article
- Replacement cost, with $300 deductible $______
- Replacement cost, with no deductible $______

**STORAGE**
- pounds @$____ per 100 pounds, for each 30 days or fraction
- Warehouse handling __ pounds @$____ per 100 pounds
- Valuations $____@____ per $100 declared value

**OTHER SERVICES & CHARGES**
- $______
- $______
- Subtotal $______
- **PER-DIEM** For shipments moving 56 miles or more that require workers to stay overnight, the carrier may charge per-diem. Number of workers needing overnight stay ____ Number of overnight stays ____ $______

**TOTAL CHARGES**
- $______

**REMARKS**

**Signature of Customer**
- Date

**Signature of Carrier Representative**
- Date

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**LOSS AND DAMAGE PROTECTION (Valuation):** The customer must select and initial only one 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 $5.00 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 $5.00 times the net weight of the shipment.

I declare a total lump sum value for this shipment at $______.

**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.)

The carrier gave me a copy of the brochure “Consumer Guide Moving in Washington State.”

**SIGNATURE OF CUSTOMER**

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**Mileage calculation software:**

**Estimated Charges**

**Date**

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**Payment:** The customer and carrier agree that payment, at time of delivery, will be made by customer. List payment types:

- List payment types:

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**Contact Person (if different):**
- Date

**Address of Intermediate Stops:**
- Date

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**Contact #:**
- Date

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**City/State/Zip:”**
- Date

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**Customer:”**
- Date

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**Account #:”**
- Date

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**Payment Due:”**
- Date

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**Date:**
- Date

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**Date:**
- Date

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**Date:**
- Date

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