

Certificate No.
NYS DOT 39765
USDOT 2843483

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL
 (For Transportation Services Performed on an HOURLY BASIS)

RELIABLE MOVING INC.

PH: 716 - 990 - 2701

ACCEPTABLE PAYMENT -
CASH, CHECK, CREDIT or DEBIT

DATE _____

Received, subject to the classifications and tariffs, rules and regulations in effect on the date of the issue of this Bill of Lading shipment described herein (contents and conditions of contents of packages unknown) consigned and destined as shown herein, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to transport to destination indicated below. It is mutually agreed, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by shipper and accepted for himself and his assigns.

Reliable Moving Inc.

SHIPPER _____ CONSIGNEE _____
 ADDRESS _____ 444 17th Street
 CITY _____ STATE _____ PHONE _____ Niagara Falls NY 14303
 FLOOR _____ ROOM _____ ELEV. _____ WALKUP _____ FLOOR _____ ROOM _____ ELEV. _____ WALKUP _____
Ph. 716 - 990 - 2701
NYS DOT 39765 - USDOT 2843483

Pick Up Date _____ Time _____ Delivery Date _____ Time _____

REMARKS
 (Packing data - Instructions on job - or other information)

TIME RECORD
 Start _____ AM _____ PM _____ Customer Initials _____
 Finish _____ AM _____ PM _____ Customer Initials _____

JOB HOURS _____
 TRAVEL TIME _____
 TOTAL HOURS _____

Check if Summary of Information for Shippers of Household Goods given.

VALUATION - HOURLY BASIS

UNLESS THE SHIPPER EXPRESSLY RELEASES THE SHIPMENT TO A VALUE OF 30 () CENTS PER POUND PER ARTICLE, THE CARRIER'S MAXIMUM LIABILITY FOR LOSS AND DAMAGE SHALL BE EITHER THE LUMP SUM VALUE DECLARED BY THE SHIPPER OR \$2500, WHICHEVER IS GREATER.

THE SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER'S TARIFF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING \$ _____
 (TO BE COMPLETED BY PERSON SIGNING BELOW)

NOTICE: THE SHIPPER SIGNING THIS CONTRACT MUST INSERT IN THE SPACE ABOVE, IN HIS OWN HANDWRITING, EITHER HIS DECLARATION OF THE ACTUAL VALUE OF THE SHIPMENT, OR THE WORDS "30 () cents per pound per article." OTHERWISE THE SHIPMENT WILL BE DEEMED RELEASED TO A LUMP SUM VALUE OF \$2500.

TRANSPORTATION SERVICES - HOURLY BASIS

CHARGE

STRAIGHT TIME

Van(s) _____ Men _____ Hours at \$ _____ per hr.

OVERTIME SERVICES

Van(s) _____ Men _____ Hours at \$ _____ per hr.

Travel Time _____ Hours at \$ _____ per hr.

Valuation (Additional Liability) Charge

50¢ per \$100 of declared value _____

Other Charge _____

Warehouse Handling _____ per _____ @ _____

Transit Storage: From _____ To _____ @ _____

S.I.T. Valuation Charge (Additional Liability)

\$1.00 per \$1000 of declared value

CONTAINER	CONTAINERS <input type="checkbox"/> Loan <input type="checkbox"/> Supply			PACKING			UNPACKING			TOTAL CONTAINERS PACKING AND UNPACKING
	Number	Per Each	Extension	Number	Per Each	Extension	Number	Per Each	Extension	
BARREL, dish-pack, drum, etcetera			\$			\$			\$	↓
BOXES, not over 5 cubic feet										
over 5 not over 8 cubic feet										
CARTONS: Less than 1½ cubic feet										
1½ cubic feet										
3 cubic feet										
4½ cubic feet										
6 cubic feet										
6½ cubic feet										
WARDROBE CARTON										
CRIB MATTRESS CARTON										
Mattress Carton (Not exceeding 54" x 75")										
Mattress Carton (Exceeding 54" x 75")										
MATTRESS COVER (Plastic or paper)										
CRATES AND CONTAINERS										
CRATES AND CONTAINERS (Minimum Chg.)										
TOTAL			\$			\$			\$	

ALL CHARGES TO BE PAID IN CASH, MONEY ORDER OR CERTIFIED CHECK BEFORE PROPERTY IS RELINQUISHED BY CARRIER:

NAME _____
 ADDRESS _____
 CITY & STATE _____
 ATTENTION OF _____

Carrier agrees to transport the goods and effects tendered by the shipper subject to the preceding terms and conditions

Signed _____
 CARRIER OR AUTHORIZED AGENT

TOTAL CHARGES Charge Prepaid C.O.D.

TOTAL PROBABLE COST CHARGES \$ _____

Maximum Amount Required To Be Paid on Delivery
 (If Probable Cost statement has been given shipper, the PROBABLE COST CHARGE PLUS 25%)

BALANCE DUE (15 Working Days, Credit Extended if Req.)

Prepayment Collected By _____

BALANCE DUE → → → → →

DELIVERY ACKNOWLEDGEMENT: Shipment was received in good condition except as herein noted, and services ordered were performed.

Rec'd for Storage _____ Consignee _____
 By _____ Date _____ Per _____
 (Warehouseman's Signature)

MOVER'S (Carrier) COPY
(TO BE RETAINED BY MOVER)