

ESTIMATED COST OF SERVICES FOR MOVING OR WAREHOUSING – NON-BINDING

Fresh Start Moving Services

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IMPORTANT NOTICE: The charges indicated herein are estimated charges only. The charge for any services listed on this form shall not exceed the rate set forth in the public Mover's tariff filed with the Division of Consumer Affairs. The mover agrees to accept payment for services by the following method(s):

Cash Money Order Certified Check Other _____

DATE OF PHYSICAL SURVEY:		PACK DATE		LOAD DATE		DELIVERY DATE:		
CONSUMER			PHONE		TO / STREET		FLOOR ELEV/STRS	
FROM / STREET			FLOOR ELEV/STRS		CITY		STATE LONG CARRY IN FT.	
CITY			STATE		LONG CARRY IN FT.			

OTHER STOPS AT:

QTY.	CONTAINERS FURNISHED BY MOVER	RATE	CHARGE	QTY.	ESTIMATED PACKING BY MOVER	RATE	CHARGE
	Dishpak, 5 Cu. Ft.				Dishpak, 5 Cu. Ft.		
	Less than 3 cubic feet				Less than 3 cubic feet		
	3 cubic feet				3 cubic feet		
	4.5 cubic feet				4.5 cubic feet		
	6 cubic feet				6 cubic feet		
	Wardrobe (10 Cu. Ft.)				Wardrobe (10 Cu. Ft.)		
	Mattress carton				Mattress carton		
	Mattress carton				Mattress carton		
	Tape				Tape		
	Crates specially built				Crates specially built		
	Mirror/picture <5 Cu Ft.				Mirror/picture <5 Cu Ft.		
	Other				Other		
	Other				Other		
Total Estimated Container Charge \$				Total Estimated Packing Charge \$			

ESTIMATED MOVING HOURLY BASIS	___ MOVING TRUCK @\$ _____ PER HR & ___ MEN @\$ _____ PER MAN HOUR; ESTIMATED HOURS ___ @\$ _____ PER HR
	TRAVEL TIME (in addition to above Moving Time) _____
	TOTAL ESTIMATED CHARGE FOR CONTAINERS & PACKING LISTED ABOVE _____
	OTHER: _____
	OTHER: _____

SPECIAL SERVICES	DESCRIBE SERVICE: _____
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ADDITIONAL SHIPMENT PROTECTION	OPTION 1: Standard Valuation: Carrier's liability is limited to a value of \$.60 per pound per article _____ OPTION 2: Increased Valuation: Declared Value \$ _____ including \$ _____ Deductible _____ OPTION 3: Insurance: Amount of Insurance \$ _____ including \$ _____ Deductible _____ STORAGE PROTECTION: Same Option as above - Value \$ _____ including \$ _____ Deductible = Monthly Protection Fee _____
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ESTIMATED STORAGE	ADDRESS OF STORAGE FACILITY _____ STORAGE: METHOD _____ RATE \$ _____ + 7% SALES TAX \$ _____ TOTAL MONTHLY STORAGE _____ WAREHOUSE HANDLING: IN: _____ OTHER FEES: _____ OTHER FEES: _____ DELIVERY CHARGES FROM STORAGE TO NEW LOCATION: _____
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SPECIAL INSTRUCTIONS	TOTAL ESTIMATED COST OF SERVICES \$
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