



22054 Shaw Road
Sterling, VA 20164
703-435-4596 office
703-421-6420 fax

DullesMoving.com

Shipper _____ H) _____ Date _____ 20____
W) _____

Crew: _____

SOURCE:

Service Date	Description	TRK#:	Price
	<p>Moving Services of: _____</p> <p>From: _____</p> <p>To: _____</p> <p>Additional Pick-Up/Drop-Off: _____</p> <p>Start Time: _____ Finish Time: _____</p> <p>_____ men, _____ vehicles, @ \$ _____ / hour for _____ total hours</p> <p>Start Time: _____ Finish Time: _____</p> <p>_____ men, _____ vehicles, @ \$ _____ / hour for _____ total hours</p> <p>Piano Fee: _____</p> <p>Other Charges:</p> <p>***PLEASE READ TERMS AND CONDITIONS ON REVERSE BEFORE SIGNING***</p> <p>NOTICE: WE ARE REQUIRED BY LAW TO ADVISE ALL SHIPPERS OF THE NEED TO OBTAIN INSURANCE TO PROTECT FROM LOSS OR DAMAGE OF GOODS. THIS CONTRACT IS HEREBY AGREED TO INCORPORATE ALL OF THE TERMS STATED ON THE REVERSE SIDE. I HEREBY DO ONE OF THE FOLLOWING:</p> <p>1) DO NOT DESIRE INSURANCE AND HEREBY RELEASE ALL GOODS AT THEIR STATED VALUE ACCORDING TO PARAGRAPH ONE. SIGNATURE _____</p> <p>2) DO HEREBY REQUEST ALL RISK COVERAGE; VALUE \$ _____ MINIMUM _____</p> <p>AT A COST OF \$ _____ PER \$1,000.00 OF VALUATION.</p> <p>DEDUCTIBLE PER LOSS \$ _____ SIGNATURE _____</p>		

Goods Received In _____ **TOTAL** _____
Good Order _____ (Signature)

Thank You For Using Our Services. Please Call Again!