

Move Date: _____ Time: _____

Shipper: _____

Phone: _____

Bill of Lading

Invoice # _____

Movers were paid \$ _____

CC CASH

Crybabies Moving

4078653188

601 Hillview Dr

Altamonte Springs, Florida 32714

As shipper, I acknowledge that I have read & received a copy of the moving agreement/guidelines. I do agree to the terms contained in the moving agreement / guidelines. I understand that there is no obligation by either party until both the Shipper and the Mover sign this contract. Crybabies Moving does not cover internal damage to electronics. The maximum claim for damage to all electronics (including tv's and computers) is \$250.00 per move.

Pick Up Address

Drop Off Address

Job Notes / Extra Stop

Hourly Rate

2 Hour Min \$ _____

Addl Hours \$ _____

Start _____

Break _____

Finish _____

Total \$ _____

Flat Rate

Items \$ _____

Dis/Shk \$ _____

Equipment \$ _____

Milage \$ _____

Travel \$ _____

Packing \$ _____

Oversized \$ _____

Total \$ _____

Packing Materials

1.5 _____

3.0 _____

4.5 _____

6.0 _____

Dish _____

Matt Bag _____

Pic Box _____

TV Box _____

Blankets _____

Total \$ _____

Total Move Price

\$ _____

My hardware is located with: _____

Signature: _____

Shipper

Estimated Move Price: _____

Print Name: _____

Signature: x _____

Date: _____

Card _____ Exp ___/___ CVV2 _____ Zip _____

I authorize the charge of \$ _____

I agree all services have been rendered. x _____

Mover

Signature: _____

Date: _____