



719 N. Hammonds Ferry Rd.
 Suite T
 Linthicum Heights, MD 21090
(410) 525-2300 (O)
(410) 636-9058 (F)
DHmoving.com

MOVING ESTIMATE

Name _____ Phone (H) _____ Date _____
 Address _____ Phone (W) _____ Phone (W) _____
 City _____ St. _____ Zip _____ Cubic Foot _____ Weight _____
From: Restype _____ Flr. _____ Prox. _____ **To:** Restype _____ Flr. _____ Prox. _____
 Moving Date _____ Address _____
 Source _____ City _____ St. _____ Zip _____

DH Will Furnish _____ Men And _____ Truck(s) At \$ _____ Per Hour For *APPROX.* _____ Hrs. \$ _____
 Extra Pickup/Drop Off _____
 Piano (Type) _____ Flight Charge _____
 Storage Fees _____
 Other Services/Charges _____

ESTIMATED CHARGES

MOVING SUBTOTAL \$ _____

SHIPPER WILL BE RESPONSIBLE FOR THE FOLLOWING:

PACKING

Labor \$ _____

Materials:

_____ 1.5 CU. BOX	@ \$ _____	per _____
_____ 3.2 CU. BOX	@ \$ _____	per _____
_____ 4.5 CU. BOX	@ \$ _____	per _____
_____ DISH BOX	@ \$ _____	per _____
_____ MIRROR CTN.	@ \$ _____	per _____
_____ PACKING PAPER	@ \$ _____	per _____
_____ TAPE	@ \$ _____	per _____
_____ WARDROBE	@ \$ _____	per _____

MATERIALS TOTAL \$ _____

INSURANCE: Procure ALL RISK COVERAGE - Amount \$ _____
 At a cost of \$ _____ Per \$1,000.00 of Valuation. Deductible per Loss \$ _____

TOTAL ESTIMATED CHARGES \$ _____

BE ADVISED THAT THIS ESTIMATE IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS NOTED ON THE REVERSE SIDE. PLEASE BE SURE TO READ AND UNDERSTAND THEM ALL!

TERMS AND CONDITIONS

LIABILITY: We are responsible **ONLY** for our own **NEGLIGENCE**. We assume **NO** responsibility for loss or damage to goods caused by deterioration, an act of **GOD**, an act of government, or any other cause beyond our control. Our responsibility is strictly limited to \$0.30 per pound or no more than \$50.00 per article, whichever is **LESS**.

INSURANCE: At your request the company will procure insurance coverage for your benefit. You must state the **FULL VALUE** of the property to be moved. Otherwise the company will be liable for **ONLY** the **LOSS** times the **PERCENTAGE** of the value insured divided by the total value of the entire amount moved. This coverage has a deductible. See reverse side for this amount of deductible.

VALUABLES: We are **NOT RESPONSIBLE** for the contents of drawers, containers, or other items of a similar nature that are **NOT PACKED** by our employees. Further, we are **NOT RESPONSIBLE** in any way for **CASH**, jewelry, securities, documents, or other items of extraordinary value, even when packed by our employees. These are moved by the company at the **SHIPPER'S RISK**, unless specifically listed, inventoried, and documented in advance and adequate protection for same has been secured.

FRAGILE: We are **NOT RESPONSIBLE** for damage to fragile items unless we are paid to **PACK** and **UNPACK** them. These items include but are not limited to glass, china, mirrors, lamp shades, slate, pictures, marble, etc.

APPLIANCES: We recommend that all appliances be inspected and serviced, by a qualified service company, for safe movement. We are **NOT RESPONSIBLE** for damage to the mechanical functioning parts whether or not insurance is purchased. These items include, but are not limited to **PIANOS, WASHERS, DRYERS, TELEVISIONS, REFRIGERATORS, ETC.**

CLAIMS: All items shall be inspected by shipper at the completion of the move. Any claims of damage or non-delivery must be made in writing within 5 days of completion of the move, and must be accompanied by a **PAID IN FULL** receipt of all charges. The company shall have the right to **INSPECT AND REPAIR** any damaged articles and it shall be the sole discretion of this company, with the advice of a qualified repairman, as to whether an alleged damaged article should be repaired, replaced or the shipper paid cash compensation.

STORAGE: All items for storage will be **INVENTORIED** and **LOADED** into a 5x7x7 vault at the warehouse. All storage fees **MUST BE PAID BEFORE VACATING**. There is a **WAREHOUSE FEE** to customer for accessing vaults and to retrieve items before vacating. This fee will be **PAID** when access is necessary.

TERMS: ALL CHARGES ARE STRICTLY C.O.D. THAT IS CASH, CERTIFIED CHECK, BANK CHECK, MONEY ORDER. NO PERSONAL CHECKS ACCEPTED !

SERVICES: Our services are provided on an **HOURLY BASIS**. You will be charged for the actual time it takes to complete the move. You will be charged from the time we **LEAVE** our office until the estimated time we **RETURN** to our office. The time will be **ROUNDED UP** to the next **QUARTER HOUR**.

CONTRACT: When you agree to these terms this shall become a contract for the services at the stated rate and will represent the entire agreement of the parties hereto. It shall apply to all services rendered by the company for the shipper as well. **Only** the **COMPANY OWNER** has the authority to modify **THE TERMS AND CONDITIONS** of this contract, even then **ONLY IN WRITING**. The company will not be bound by **ANY** other promise or representation.