

# HOUSEHOLD GOODS BILL OF LADING

**CONTACTS**  
[sanity@camelbackmoving.com](mailto:sanity@camelbackmoving.com)  
[www.camelbackmoving.com](http://www.camelbackmoving.com)  
**602-564-6683**  
 Fax: 602-678-5474



**Camelback Moving Inc.**

2330 N. 31<sup>st</sup> Ave.

Phoenix, AZ. 85009

MC #603040 US DOT#1635834

Customer: This Bill of Lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store, and/or perform the services shown. Before you sign this document, it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representatives. This contract is subject to conditions on the back of this form.

**ORIGIN**

**DESTINATION**

Confirm rate of \$ / hour for movers ( hour minimum ). Customer agrees and understands that Camelback Moving is on the clock upon arrival at origin, through the load, through the drive to destination, and through the unload, until our truck and/or trailer has been fully reassembled. Billed in 15 minute increments. S trip charge + all materials - \$ deposit. If customer agrees, please sign here:

**PAYMENT**

The customer and carrier agree that payment, at end of each day(s) work, will be made by:

- CASH
- VISA, MC, DISCOVER
- INVOICE
- NO CHECKS/AMEX

**ESTIMATES**

The customer must initial the option selected

I understand this shipment is moving under a non-binding hourly rate.

I will be required to pay the balance due upon completion of the move.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.

**VALUATION**

The customer must initial the option selected

Basic Value Protection. By initialing here, I agree to release this shipment to a value of 60 cents per pound per article per our Waiver and Release agreement, posted, in its entirety, on the reverse side of this contract.

Replacement Cost Coverage. By initialing here, I have purchased additional coverage through Baker's International, or a third party carrier of my choosing.

**STORAGE IN TRANSIT (SIT)**

If shipment must be stored, customer must initial below  
 I understand that storage fees will be an additional \$ per night if stored on one of our vehicles + an additional trip charge.

I understand that if this shipment must be placed into storage, the hourly rate will continue through the unload.

I have inspected origin and all items Camelback Moving has been instructed to remove, are gone from the premises.

**CREDIT CARD INFORMATION**

Card Number:

Expiration:  CVC:  ZIP:

Street No:

Charge balance to the card used for the deposit.

Authorization Signature:

**DETAILS OF PACKING MATERIALS**

Description	Quantity	Price	Amount
Cartons - 1.5 cuft.			
3.0 cuft.			
4.5 cuft.			
6.0 cuft.			
Dish Pack			
Lamp Cartons			
Mattress Bags			
Large Mirror Pack			
Wardrobe			
Newsprint (10#)			
Paper Pads			
Tape			
<b>TOTAL</b>			

**DETAILS OF LABOR CHARGE**

START TIME -			START TIME -		
END TIME			END TIME		
BREAKS -		CUSTOMER	BREAKS -		CUSTOMER
TOTAL TIME =		INITIAL	TOTAL TIME =		INITIAL
RATE @		ABOVE	RATE @		ABOVE
TOTAL =			TOTAL =		

**DETAILS OF TOTAL CHARGES**

Description	Quantity	Rate	Amount
Labor Charge			
Labor Charge			
+ Trip Charge			
+ Materials			
+ SIT/Storage			
+ Addl Charges			
<b>Subtotal before Deposit</b>			
- Deposit			
<b>Total</b>			
<b>+ Gratuity</b>			
<b>BALANCE DUE</b>			

I've inspected the cab & the back of the truck and they are empty.  
 I've also inspected my goods & premises, including, but not limited to elevators, floors, & stairwells. There are no damages except as noted and job is complete.

I have been informed that a representative from Camelback Moving will do a follow up call.

Customer Signature

Carrier Signature

CHOOSE ONE

CHOOSE ONE

CHOOSE ONE