



BLANK FORMS ORDER SHEET

To place an order, fill in the desired quantities, shipping and payment information below and email, mail or fax this form to the below address/number. (Members Only) Prices effective August 1, 2014.

Name _____

Company Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Quantity	Description	Prices
	Tariff 1000	\$15.00 each
	Tariff 4000	\$20.00 each
	HHG Bills of Lading – Intrastate #113	\$26.00 pkg 100
	Bills of Lading – Commercial Local Zone #117	\$31.50 pkg 100
	HHG Descriptive Inventory #122	\$22.00 pkg 100
	Non-Binding Estimated Cost of Service #125	9.50 pad 50
	General Information Guide Brochure #126 (required)	29.75 pkg 100

Payment Method

You will be contacted for payment after shipping and tax have been added. Please direct questions to director@mimovers.org or 517-338-3031.

Note: Tax and shipping will be added. All orders will be shipped via UPS Ground unless otherwise requested.

Please return completed order form to:

director@mimovers.org

or

**Michigan Movers Association
416 S Cedar St, Suite C, Lansing, MI
48912**

See next page for forms samples.

RECEIVED FROM MICHIGAN MOVERS ASSOCIATION

ORIGINAL BILL OF LADING - SHIPPER'S COPY

SHIPPER'S NAME: ... ADDRESS: ... CITY: ... STATE: ... ZIP: ...

DATE OF ISSUE: ...

DESCRIPTION OF GOODS: ...

WEIGHT AND MEASUREMENTS: ...

TERMS AND CONDITIONS: ...

HHG Bills of Lading - Intrastate #113

RECEIVED FROM MICHIGAN MOVERS ASSOCIATION

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SHIPPER'S NAME: ... ADDRESS: ... CITY: ... STATE: ... ZIP: ...

DATE OF ISSUE: ...

DESCRIPTION OF GOODS: ...

WEIGHT AND MEASUREMENTS: ...

TERMS AND CONDITIONS: ...

Bills of Lading - Commercial Local #117

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

SHIPPER'S NAME: ... ADDRESS: ... CITY: ... STATE: ... ZIP: ...

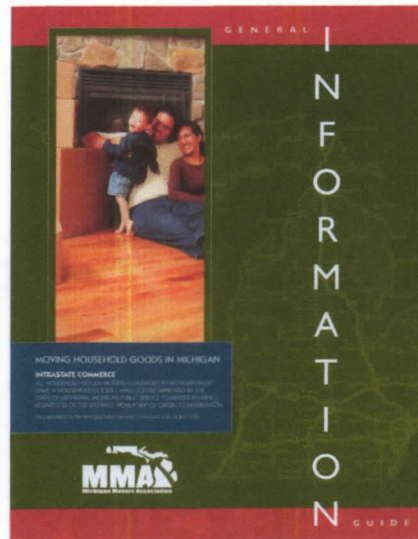
DATE OF ISSUE: ...

DESCRIPTION OF GOODS: ...

WEIGHT AND MEASUREMENTS: ...

TERMS AND CONDITIONS: ...

HHG Descriptive Inventory #122



General Information Guide #126

NON-BINDING ESTIMATED COST OF SERVICES

NAME OF CARRIER: ... PHONE: ...

ADDRESS OF CARRIER: ... DATE: ...

NAME OF SHIPPER: ... PHONE: ...

ADDRESS: ... MOVING DATE REQUESTED: ...

ORIGIN: ... DESTINATION: ... LOADING DATE REQUESTED: ...

DELIVERY DATE REQUESTED: ...

NOTIFY ON CONTRACTING ADDRESS: ...

ESTIMATED COSTS OF SERVICES

CONTAINER	NONCONTAINER	DISCONTAINER
ESTIMATED NUMBER	ESTIMATED NUMBER	ESTIMATED NUMBER
PER EACH	PER EACH	PER EACH
TOTAL	TOTAL	TOTAL
Basic Charge or Delivery Charge	\$	\$
Pick-up or Drop-off Charge	\$	\$
Pick-up or Delivery for Heavy Items	\$	\$
Weight or Volume Charge	\$	\$
Minimum Handling, Packing and Palleting	\$	\$
Auto or Transporter Charge	\$	\$
Appliance Service Charge	\$	\$
Additional Transportation Charge	\$	\$
Address Change Fee (if applicable)	\$	\$
Label Charge	\$	\$
Other Services	\$	\$

NAME: ... ADDRESS: ... CITY & STATE: ...

Non-Binding Cost of Service #125