



BLANK FORMS ORDER SHEET

To place an order, fill in the desired quantities and information, and email or mail this form to the below address/contact. (Members Only) Prices effective June 28, 2017.

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	\$36.25 pkg 100
	Bills of Lading – Commercial Local Zone #117	\$36.25 pkg 100
	HHG Descriptive Inventory #122	\$18.50 pkg 100
	Non-Binding Estimated Cost of Service #125	\$6.50 pad 50
	General Information Guide Brochure #126	\$30.00 pkg 100
	Total Form Order	_____
	Tax on Forms	_____
	Shipping	_____
	TOTAL COST	_____

Payment Method

You will be contacted for payment after tax and shipping have been added. Please direct questions to lansing-mi@intlminutepress.com or 517-323-7777.

Note: Shipping and tax on forms will be added. All orders will be shipped via UPS Ground unless otherwise requested.

Please return completed order form to:

lansing-mi@intlminutepress.com or

**International Minute Press, 6323 W
Saginaw Hwy, Suite B, Lansing, MI 48917**

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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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: ...

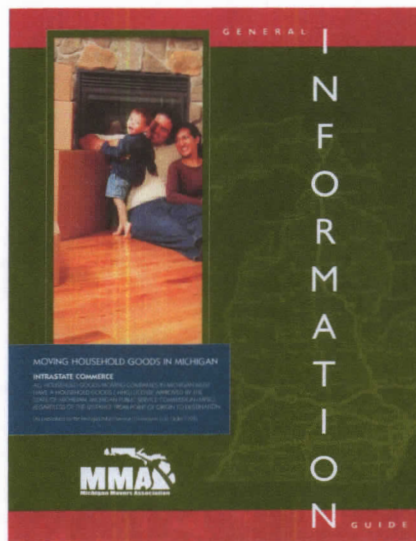
DATE OF ISSUE: ...

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: ...

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

ADDRESS OF SHIPPER: ...

ORIGIN: ... DESTINATION: ...

LOADING DATE REQUESTED: ...

DELIVERY DATE REQUESTED: ...

NOTICE TO ESTIMATOR: ...

ESTIMATED COSTS OF SERVICES: ...

CONTAINER: ...

DISPATCH: ...

SHIPMENT: ...

REMARKS: ...

Non-Binding Cost of Service #125