



# CHANGE ORDER FOR SERVICES

## ATLAS TRANSFER & STORAGE CO., INC.

T. G. OAKLEY JR., PRESIDENT

CAL P.U.C. T - 61,487

THIS WILL CERTIFY AND ATTEST THAT SHIPPER OR SHIPPER'S REPRESENTATIVE AS SHOWN ON AGREEMENT FOR SERVICE AND BILL OF LADING NO. \_\_\_\_\_ DATED \_\_\_\_\_ WITH (CARRIER'S NAME) \_\_\_\_\_ REQUESTS ADDITIONAL SERVICES AND CHARGES AS INDICATED ON REVERSE OF THIS FORM. THIS DOCUMENT ISSUED AT: \_\_\_\_\_

<b>FROM</b>	FLOOR _____	<b>TO</b>	FLOOR _____
	APT. NO. _____		APT. NO. _____
	PHONE _____		PHONE _____

READ THIS DOCUMENT



C-Explanation P-Packing  
 L-Loading D-Driving  
 UL-Unloading  
 UP-Unpacking  
 X-Time Out For

**DELIVERY INSTRUCTIONS** NOTE: Additional charges for storage, extra handling and transportation will accrue if goods not accepted at destination. Notify \_\_\_\_\_ Address/Phone \_\_\_\_\_ Shipper Can't Furnish

**STORAGE ORDERED**  
 In Transit  Regular  
 The Company is hereby authorized to wrap and moth treat. A charge will be made for handling in and out of storage and for wrapping, moth treating and accessorial services. Notice of Change of address of depositor must be given to company in writing. Store in any depositor in \_\_\_\_\_

Name of \_\_\_\_\_  
 Bill and Notify Address \_\_\_\_\_  
 Warehouse Handling lbs @ \_\_\_\_\_ e/cwt.

**DESCRIPTION OF ARTICLES** HIGH VALUE PRODUCTS & ELECTRONICS  USED OFFICE & STORE FIXTURES & EQUIPMENT  USED HOUSEHOLD GOODS & PERSONAL EFFECTS

Does Shipper Request Advice of Weight and Charges?  YES  NO  
 Tariff applying to this shipment is PUC MAX 4 / or \_\_\_\_\_

Hundredweight Rate	500 lbs.	1000 lbs.	2000 lbs.	5000 lbs.	8000 lbs.
(Bet. Points Named)					
Min Wgt.	12000 lbs.	18000 lbs.			

Long Carry Pickup and del. at other than ground floor \_\_\_\_\_  
 Per Cwt. per Flight e. Ador'l. Chg. \_\_\_\_\_  
 Extra pickup and/or Delivery at \$ \_\_\_\_\_  
 Transit Store Rate \_\_\_\_\_ CWT

**HOURLY RATE** Van and Men \$ \_\_\_\_\_ Per Hr. at \$ \_\_\_\_\_ per man per hr.  
 Del. or pickup of ship. containers \_\_\_\_\_  
 Or Hourly Chg. of \$ \_\_\_\_\_  
 Inventory Hourly Rate \_\_\_\_\_

**ACCESSORIAL RATE:** NO OF PACKERS \_\_\_\_\_ \$ \_\_\_\_\_ Ea  
 PACKING \_\_\_\_\_ Per Man of \_\_\_\_\_ Labor Chgs Min. \_\_\_\_\_ Min. Chg. \_\_\_\_\_  
 CRATING  @ \$ \_\_\_\_\_ Per Hr. \$ \_\_\_\_\_  
 UNPACKING  @ \$ \_\_\_\_\_ Per Hr. \$ \_\_\_\_\_

**PIECE MOVING** (Not over 5 pieces)  
 1st Article \_\_\_\_\_ Add'l Articles \_\_\_\_\_ Miles \_\_\_\_\_  
 Loading \_\_\_\_\_ Hrs. \_\_\_\_\_  
 Double Driving \_\_\_\_\_ Hrs. \_\_\_\_\_  
 Unload \_\_\_\_\_ Hrs. \_\_\_\_\_

**VALUATION DECLARATION** The Articles listed will be included in the Valuation Declared in the Agreement for Service unless a change is requested. Shipper requests a change in the valuation listed in the Agreement for Service and declares shipment to be: \$ \_\_\_\_\_  
 To be completed by shipper signing below \_\_\_\_\_  
 The level of protection (actual cash value or full value) indicated on the Agreement will apply at carriers stated rate per \$100 of declared value, unless otherwise indicated here.

**TRANSPORTATION VALUATION OPTIONS**  
 60¢ Per pound per article - No additional cost.  
 Actual Cash Value @ \$ \_\_\_\_\_ per \$100 of Declared Value.  
 Full Value @ \$ \_\_\_\_\_ per \$100 of Declared Value - Deductible  \$250.00  \$500.00  
 INITIALS \_\_\_\_\_

**STORAGE IN TRANSIT VALUATION OPTIONS**  
 Actual Cash Value @ \$ \_\_\_\_\_ per \$100 of Declared Value.  
 Full Value @ \$ \_\_\_\_\_ per \$100 of Declared Value - Deductible  \$250.00  \$500.00  
 INITIALS \_\_\_\_\_

I UNDERSTAND THAT THE COST FOR SERVICES RENDERED WILL "NOT EXCEED" \_\_\_\_\_ (Total Price) \_\_\_\_\_ (Initial)

I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO SIGN THIS CHANGE ORDER. \_\_\_\_\_ (Initial)

SHIPPER UNDERSTANDS THAT IF SHIPPER REFUSES TO SIGN THE CHANGE ORDER, MOVER IS NOT LEGALLY PERMITTED TO PROVIDE THE CHANGE ORDER SERVICES REQUESTED.

HOW PAID  CASH  CERTIFIED CHECK  CREDIT CARD  PERSONAL/COMPANY CHECK  BILLING

MATERIALS	MATERIAL		PACKING		UNPACKING		AMOUNT
	Qty.	Rate	Qty.	Rate	Qty.	Rate	
Dishpack (Not less 5 cu. ft.)							
Cartons: 1 1/2 cu. ft.							
3 cu. ft.							
4 1/2 cu. ft.							
6 cu. ft.							
Mattress: Single							
Mattress: Double							
King or Queen Size							
Crib							
Mirror Cartons							
Wardrobe							
Crates							
Paper/Tape							

**DELIVERY / PICK-UP OF CONTAINER @ \$**

PACKERS NAME	HOURS	DATE

<b>TOTAL HOURS @ \$</b>	Per Hr. _____
<b>Sales Tax</b> _____ %	County _____
<b>No. of Packers</b> <input type="checkbox"/> Origin <input type="checkbox"/> Dest.	<b>TOTAL PACKING</b>
<b>HOURS</b>	<b>CARTAGE @ \$</b> _____ Per Hr.
<b>Overtime</b> _____ Hours @ \$ _____	Per Hr.
<b>Extra Man ( )</b> _____ Hours @ \$ _____	Per Hr.

**APPLIANCES to be serviced** \_\_\_\_\_ If none write "NONE"

**EXTRA PICK-UP OR DELIVERY** \_\_\_\_\_

**HOISTING / LOWERING** \_\_\_\_\_

Gross Wt.	Lbs.	Tare Wt.	Lbs.
Net Weight	Lbs @ \$		Per Cwt
Flight Charge/Long Carry	@	¢ Per Cwt	

**VALUATION CHARGE** \_\_\_\_\_  
**ESTIMATED CHARGES \$** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

I understand that I may be required to pay for the services requested above at time of delivery. These charges are in addition to those charges set forth on the ESTIMATED COST OF SERVICES. Carrier is not required to extend credit in the amount of the charges accrued for the above additional services. I have read this contract and agree with the provisions herein, and received a copy.

Additional articles and other services: \_\_\_\_\_