



TIP TOP MOVERS

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Order Date _____
Move Date _____
Pack Date _____
Delivery Date _____

COMBINED AGREEMENT FOR LOCAL MOVING SERVICES AND FREIGHT BILL

FROM: _____ (Phone) _____ **TO:** _____ (Phone) _____

Additional Address _____ Additional Address _____

- DESCRIPTION OF ARTICLES**
- Used Household Goods & Personal Effects
- High Value Products & Electronics
- Used Office & Store Fixtures & Equipment

HOURLY RATE Min. Charge _____ Hours
Van and _____ Men \$ _____ Per Hour

ITEMS OF EXCEPTIONAL VALUE

Qty	Description	\$

TIME RECORD

Load	_____ to _____	= _____
Drive	_____ to _____	= _____
Unload	_____ to _____	= _____
Drive	TTM reserves the right to charge Double the Drive time on moves out of the area as prescribed by the California PUC	

IMPORTANT INFORMATION BOOKLET

In accordance with the rules of the California Public Utilities Commission, before your move, the carrier (the moving company) is required to ensure you (the shipper) have been given the booklet "IMPORTANT INFORMATION FOR PERSONS MOVING HOUSEHOLD GOODS". You may choose not to receive a booklet from this carrier if you previously received one from another source. By initialing below, the shipper acknowledges receipt of the booklet either before or on the day of the move.

RATES AND DESCRIPTION CHARGES

Moving Hours	_____ @ \$ _____	= _____
	_____ @ \$ _____	= _____

I HAVE RECEIVED THE IMPORTANT INFORMATION BOOKLET _____
Initials

- VALUATION DECLARATION** There are three (3) options available to cover loss or damage:
- 60 cents per pound per article.** This minimum coverage is based on 60 cents times the weight of the article. This coverage is provided at No Additional Cost.
 - Actual Cash Value.** This option provides for lost or damage based on actual cash value, including depreciation, at the time of loss or damage, up to the total dollar amount of value declared by you. You may be charged for this coverage.
 - Full Value Protection.** This option provides for the lost or damaged items based on current replacement value at the time of loss or damage, up to the value declared by you. You may be charged for this coverage.

Valuation Charge _____
Credit Fee _____

NOTICE: Coverage for loss or damage is limited to the Actual Cash Value of losses up to the amount of \$20,000 unless the Shipper signing this Agreement inserts in the space below, in his or her own handwriting, another value. You may be charged for coverage provided other than 60 cents per pound per article. Shipper hereby releases the entire shipment to a value not exceeding \$ _____ (to be completed by shipper signing below)

TOTAL DUE _____

VALUATION OPTIONS Initial your Choice

Basic - 60 cents/lb/article	_____	no additional charge
Actual Cash Value	_____	\$ _____ per \$100
Full Value	_____	\$ _____ per \$100

It is agreed that this document, which includes the conditions printed on the back, shall be binding and valid.

Shipper's Signature _____
Carrier's Signature _____

Received by Consignee _____

Notice: Please inspect your goods promptly. Claims for any loss or damage must be filed with the Carrier in writing