Move Date: Shipper: Phone:	Time:	Bill of Lading Invoice # Movers were paid \$ □ CC □ CASH	Cleanpro Carpet Care 407-466-5547 312 Panama Cir. Winter Springs FL 32708	
contained in the moving the Mover sign this cont	agreement / guidelines. I und	lerstand that there is no obligation bes not cover internal damage to e	/guidelines. I do agree to the terms by either party until both the Shipper a electronics. The maximum claim for	
		Hourly R	ate Flat Rate	
	Points:	Man (Truck 2 Hour Min Addl Hours Oversize Fee Start Time Break Finish Time Total \$	Storage 2nd Move Unpack Load Unload Total	_ _ _ _
		<u>B</u> D	Packing W P TV M	•
Estimated Move Price Print Name: Signature: Date:			Total Move Price	
	Exp/_		Mover	
	orize the charge of \$		Signature: Date:	-