U.S. DOT NO 125550

Name of Atlas' Estimator:

YOUR AGENCY

Atlas Agt

KELLY COPPER

A132

Agent Code No.

Agent Representative

Atlas, by signature below, agrees to provide the services outlined

ORDER FOR SERVICE

ATLAS VAN LINES, INC. 1212 St. George Road, P.O. Box 509 Evansville, Indiana 47703-0509

Atlas Registration No. ABC123

Choice of: Binding Estimate

Standard Estimate (800) 252-8885 / (812) 424-2222 Customer JOHN DOE **Assured Price Protection** 1234 ANYWHERE Street Address City/State/Zip STARKE FL 32091 YOUR TOWN IL 60515 City/State/Zip DUPAGE 630-960-2313 County BRADFORD Phone 904-964-9815 County Phone Non-binding on Atlas. The charges shown are the approximate charges that will be assessed for the services **Standard Estimate:** ified in the estimate. Actual charges may be more or less than those shown and will include charges for additional Non Binding Charges: \$ services provided. The final charges on this shipment shall be those appearing in Atlas' tariffs applicable to 110% Collection Option: \$ transportation. Exact charges are based on the weight or volume of goods transported and services performed and may not be determined prior to the time the goods are delivered. If the total charges for the services provided exceed the With unknown estimate by more than 10%, you will not be required to pay more than 110% of the estimated amount at the time of destination services, delivery in order to complete delivery of your goods. You will be billed for the balance no sooner than 30 days after 110% Collection Option:\$ delivery and you are obligated to pay the balance. ___ __ (Customer's initials). X Binding on Atlas. The charges shown are the charges that will be assessed for the services identified in the **Binding Estimate:** ate and are the maximum charges that will be required to be paid at time of delivery. The binding charges exclude 18913.71 Binding Charges: \$ SIT, Valuation, and Advanced Charges. If additional destination services are provided, additional charges (based on the Non-Binding Charges: \$ 5681.01 tariff rates in effect on the date of the estimate) will be billed no sooner than 30 days after delivery and you are obligated APP APPLIES (Customer's initials). Total Estimated Charges: \$ 24594.72 Total Estimated Charges with Binding Estimate valid ONLY for 60 days from date of customer's signature. unknown destination services: \$ 24944.72 Subject to minimum weight of Al charges are to be paid in U.S. funds by cash, postal money order, cashier's or approved personal check payable to Atlas Van Lines, American Express, Carte Blanche, Diners Club, Discover, MasterCard or Visa charge cards. 1000 lbs of minimum charge of: \$ Packing Choice: None x Full Pack Custom Pack UnPack Choice: None X Full UnPack Custom UnPack Note to Customer: Packing containers and materials are your property. The unpacking service includes removal of these items unless you direct otherwise. An additional charge will be assessed for disposal of packing materials from items unpacked by customer or carrier on a date other than at delivery time. CUSTOMER'S DECLARATION of VALUE - THIS IS A TARIFF LEVEL OF CARRIER LIABILITY - IT IS NOT INSURANCE You must select in your own handwriting, one of the following two options for your shipment. The option you select establishes Atlas' maximum liability for your goods, subject to the rules contained in Atlas' tariff. OPTIÓN 1: FULL VALUE PROTECTION. If any article is lost, destroyed or damaged while in Atlanta custody, Atlas will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by Atlas ou the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement ditional charge applies for this option. To select Option 1, You must write, on the line below, either a lump sum doll fr the value of your shipment that may not be less than \$10,000.00, or an amount per pound that may not be less than 1, whichever is greater. per pound. The value of my shipment is: Lump Sum \$_ You must also select one of the following deductible amounts 🖟 shipments: \$500 Deductible (_ _**)** (initial) OP. ed or damaged while in Atlas' custody, This Atlas estimate form was Atla nts per pound per article. This is the bas d goods. printed on standard blank paper! To Th€ You and selected a deductible amount, if appropriate, and 2) received and read a copy of Atias Important Information Βοοκιετ explaining these provisions and the applicable charges. Customer's Signature Date Customer Requests Notification of Actual Weight and Charges No Yes Special Services Ordered by Customer Exclusive use of a Customer's Contact: X Enroute Destination Cu Ft Expedited Srv Space Reservation Cu Ft Hoist/Lower Name KATHY JAMES Phone 630-960-5113 2839 CONCORD AVE DOWNERS GROVE IL 60515 Labor Street Transit S.I. T. X Origin Destination Miles: Additional Instructions / Billing Information / Remarks: Type Shpt: X Charge Credit Card PrePaid COD Appr Chk PAUL CLARK Code B353 JOHN DOE **Booking Agent** 234 HILL AVE **KIM JOHNS** Code B22 Origin Agent 134 LAKE ST 630-960-1245 STARKE Address Phone City State Zip **DOWNERS GROVE IL 60516** Dest Agent JAMIE SMITH Code A2444 (Optional) I appoint as my **2414 ADAMS** Phone 904-964-1178 Address agent, in my name and place, to give Atlas instructions and to perform all STARKE FL 32091 City State Zip and execute all documents pertaining to this transportation. By signing this Order for Service, I acknowledge that I have been advised Pack Dates Requested Agreed P/U Dates Agreed Del. Dates of my right to observe the weighing of my shipment and to be informed of 09/15/04 09/20/04 09/30/04 the scale to be used and that I have received a copy of Atlas' Important

booklet and a High Value Inventory form.

Customer Signature

This is not a contract. Signature below does not obligate you to move with Atlas Van Lines.