



# GUARANTEED PRICE PLEDGE



REGISTRATION NUMBER

**A PRICE YOU CAN COUNT ON**

U.S. DOT NO. 076235 • ALLIED VAN LINES, INC. • P.O. BOX 4403 • CHICAGO, IL 60680 • PHONE (630) 570-3000

 PREPAID    C.O.D.    CHARGE    CASHIER'S CHECK    CASH    CREDIT CARD

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 IF PAID BY CREDIT CARD:    AMEX    VISA    M/C    OTHER

 PACKING DATE(S) REQUESTED \_\_\_\_\_ LOADING DATE(S) REQUESTED \_\_\_\_\_ DELIVERY DATE(S) OR PERIOD OF TIME REQUESTED \_\_\_\_\_  
 SHIPPER \_\_\_\_\_ (OWNER OF GOODS - MAY BE THE SAME) \_\_\_\_\_ CONSIGNEE \_\_\_\_\_  
 A/C \_\_\_\_\_ DELIVERY ADDRESS \_\_\_\_\_  
 LOADING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 CARRIER'S CONTACT OFFICE AT DESTINATION \_\_\_\_\_ AGENT CODE \_\_\_\_\_ NOTIFY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_
**COST OF SERVICES — CARRIER TARIFF ALLV-2A. SEE REVERSE FOR AVAILABILITY.**

	APPLICABLE		CHARGES
	YES	NO	
1. TRANSPORTATION: 3-DIGIT ORIGIN ZIP: _____ 3-DIGIT DESTINATION ZIP: _____ EXTRA STOP ZIPS (In Order Of Occurrence): (1) _____ (2) _____ (3) _____ (4) _____ MILEAGE: _____ EST. WT. _____ LBS., MOVING AS WT. _____ LBS. TRANSPORTATION CHARGE _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. ORIGIN SERVICE CHARGE: \$ _____ DESTINATION SERVICE CHARGE: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. VALUATION FOR TRANSPORTATION: PROTECTION SELECTED: <input type="checkbox"/> CARRIER MINIMUM OF 60¢ PER POUND PER ARTICLE (NO CHARGE), OR <input type="checkbox"/> EXTRA CARE PROTECTION PLAN DEDUCTIBLE OPTION: <input type="checkbox"/> 1. \$0 <input type="checkbox"/> 2. \$250 <input type="checkbox"/> 3. \$500 SHIPPER DECLARED VALUE \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. STORAGE A) DAILY STORAGE: (WT. _____ LBS.) FIRST DAY @ _____ PER 100 LBS. + _____ ADD'L. DAYS @ _____ PER 100 LBS. .... B) VALUATION @ _____ % OF TRANSPORTATION VALUATION CHARGE PER _____ 15 DAY PERIODS ..... C) PICK-UP, OR DELIVERY: BASE WT. _____ LBS., BASE TRANSPORTATION CHARGE \$ _____ EXCESS MILES CHARGE (\$ _____) PER EACH 25 MILES OR FRACTION OVER 30 MILES:	<input type="checkbox"/>	<input type="checkbox"/>	
5.A) BULKY ITEM: (TYPE) _____ \$ _____ (IF AUTO): MAKE _____ MODEL _____ YR _____ WT. _____ DIMENSIONS: LENGTH _____ FT. WIDTH _____ FT. HEIGHT _____ FT.	<input type="checkbox"/>	<input type="checkbox"/>	
B) WEIGHT ADDITIVE: ITEM _____ LENGTH _____ FT. ADDITIVE WEIGHT _____ LBS. (ADD TO EST. WT.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
6. PACKING AND UNPACKING FULL SERVICE PACKING @ \$ _____ PER 100 LBS. .... FULL SERVICE UNPACKING @ \$ _____ PER 100 LBS. .... CUSTOM SERVICE PACKING (ITEMIZED BELOW) ..... CUSTOM SERVICE UNPACKING (ITEMIZED BELOW) .....	<input type="checkbox"/>	<input type="checkbox"/>	
7. LABOR _____ MEN/FOR TRK _____ HRS @ \$ _____ PER MAN PER HOUR .....	<input type="checkbox"/>	<input type="checkbox"/>	
8. EXTRA STOP(S) AT _____	<input type="checkbox"/>	<input type="checkbox"/>	
9. ORIGIN SHUTTLE SERVICE: \$ _____ DESTINATION SHUTTLE SERVICE: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. ORIGIN SELF STORAGE/MINI-WHSE PICK-UP: \$ _____ DESTINATION SELF STORAGE/MINI-WHSE DELIVERY: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. FUEL SURCHARGE ON TRANSPORTATION: \$ _____ FUEL SURCHARGE ON SIT PICK-UP OR DELIVERY \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. TOLLS AND FERRY CHARGES OR OTHER FEES TO THIRD PARTIES _____	<input type="checkbox"/>	<input type="checkbox"/>	
13. WEEKEND, HOLIDAY, OR AFTER HOURS DELIVERY _____	<input type="checkbox"/>	<input type="checkbox"/>	
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	

NOTICE: THIS GUARANTEED PRICE PLEDGE APPLIES ONLY FOR THE SERVICES ORDERED ABOVE, AND THE ITEMS TO BE MOVED AS SHOWN ON THE CUBE SHEET.

TOTAL GUARANTEED PRICE \$ \_\_\_\_\_

COST OF PACKING & UNPACKING SERVICE ITEMS	CONTAINERS			PACKING			UNPACKING		
	QUAN.	RATE	AMOUNT	QUAN.	RATE	AMOUNT	QUAN.	RATE	AMOUNT
BARREL, DISH PACK, DRUM, ETC.	A								
CARTONS: LESS THAN 3 CUBIC FEET	E								
3 CUBIC FEET	F								
4-1/2 CUBIC FEET	G								
6 CUBIC FEET	H								
6-1/2 CUBIC FEET	J								
WARDROBE CARTON, NOT LESS THAN 10 CU. FT.	K								
MATTRESS CARTON, CRIB	L								
(NOT EXCEEDING 39"X75")	S								
(NOT EXCEEDING 54"X75")	M								
(EXCEEDING 54"X75")	N								
(39"X80")	B								
MATTRESS COVER (PLASTIC OR PAPER)	P								
CORRUGATED CONTAINERS	D								
CRATES	Q								
	R								
<b>ADD CONTAINER, PACKING &amp; UNPACKING TOTALS TOGETHER AND INSERT SUM TOTAL ON LINE 9 ABOVE</b>		<b>TOTAL CONTAINER CHARGES</b>	\$ _____		<b>TOTAL PACKING CHARGES</b>	\$ _____		<b>TOTAL UNPACKING CHARGES</b>	\$ _____

**REMARKS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE PAMPHLET CONTAINING "YOUR RIGHTS AND RESPONSIBILITIES WHEN YOU MOVE," WHICH ALSO CONTAINS A DESCRIPTION OF ALLIED'S COMPLAINT AND INQUIRY HANDLING PROCEDURE AND ITS ARBITRATION PROGRAM.

SIGNATURE OF SHIPPER OR REPRESENTATIVE \_\_\_\_\_

X

MAIL ACCEPTANCE OF PROPOSAL TO:

BOOKER \_\_\_\_\_ CODE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPER'S SIGNATURE \_\_\_\_\_ X \_\_\_\_\_ DATE / /

ESTIMATOR'S SIGNATURE \_\_\_\_\_ X \_\_\_\_\_ DATE / /

CARRIER'S ISSUING AGENT \_\_\_\_\_ CODE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ AREA \_\_\_\_\_ PHONE \_\_\_\_\_