



NATEX
North American Van Lines
of Texas, Inc.

P. O. Box 988
Fl. Wayne, IN 46801-0988

Ph (260) 429-2511

CONTRACT NUMBER

PROPOSAL FOR SERVICE

TX DOT 9188

- Proposed charges set forth below are **BINDING AND GUARANTEED** for the items and services listed for _____ days from date hereof. **SEE IMPORTANT NOTICE BELOW.**
- Proposed charges set forth herein are **NOT TO EXCEED**. Actual charges shall be determined after all services have been completed but shall not exceed the amount set forth below under "Proposed Charges". **SEE IMPORTANT NOTICE BELOW.**
- Price is governed by pre-existing contract.

IMPORTANT NOTICES

- A. This proposal is for the listed items, marked charges and services only. Additional items and services may result in additional costs.
- B. Shipper shall be required to pay for all charges prior to unloading in cash or by certified check or money order, except as maybe otherwise agreed between carrier and shipper.
- C. Carrier's Liability for loss or damage **IS LIMITED TO \$60 PER POUND PER ARTICLE** unless the carrier and shipper agree, in writing, to a greater level of liability. This is not insurance.
- D. Carrier and Shipper agree that any additional items or services not included in this proposal and the maximum charges therefor may be set forth in an addendum hereto or a substitute proposal executed by carrier and shipper.
- E. Shipper acknowledges that proposed charges for third party services are not binding and may increase the maximum charges to be collected.
- F. Shipper acknowledges receipt of "Your Rights and Responsibilities When You Move in Texas" pamphlet.

Shipper Signature X _____ Date _____

<p>O Shipper _____</p> <p>R Loading Address _____</p> <p>I City _____ State _____ Zip _____</p> <p>G _____</p> <p>N County _____ Phone _____</p>	<p>D Consignee _____</p> <p>E Delivery Address _____</p> <p>S City _____ State _____ Zip _____</p> <p>T _____</p> <p>N County _____ Phone _____</p> <p>A _____</p> <p>T _____</p> <p>I _____</p> <p>O _____</p>
---	--

PROPOSED COST OF SERVICES

1. **Transportation:** Est. wt. _____ lbs.; _____ mi. @ \$ _____ per 100 lbs. Weight base price _____
(Rate \$250/MAK 5) Add'l wgt. _____ x Add'l CWT rate _____ per 100 lbs. _____ + _____
 Transportation Costs _____ **PROPOSED CHARGES**
2. Additional Transportation Charges (Item 170): Origin _____ Destination _____
PROPOSED COST OF SERVICES Insurance _____ **PROPOSED CHARGES**
3. Fuel Surcharge (Item F) _____
PROPOSED COST OF SERVICES _____ **PROPOSED CHARGES**
4. Transit Insurance (Item 82) _____
 Depreciation Value Replacement Value No Deductible Deductible Amt. \$ _____
(subject to \$1.25/lb.) (subject to \$5.00/lb.)
 Requested Amt. \$ _____ per \$100.00 or fraction thereof _____
PROPOSED COST OF SERVICES Storage _____ **PROPOSED CHARGES**

5. A) Storage: (Item 185) Weight _____ lb First Day @ _____ per 100 lb + Add'l Day(s) @ _____ per 100 lb.
 B) Warehouse Handling: (Item 185) Weight _____ lbs @ _____ per 100 lbs. _____
 C) Extended Insurance: (Item 82) _____
 D) Pick-up or Delivery: (Item 210) Weight _____ lb _____ Charge \$ _____
PROPOSED COST OF SERVICES Other Services _____ **PROPOSED CHARGES**
6. Special Servicing of Appliances: (Item 195) _____ Orig. Dest.
7. Piano or organ handling charge(s): (Item 130) \$ _____ / Flight carry: _____ @ \$ _____
8. A) Excessive Distance: (Item 160) Origin _____ ft. Destination _____ ft. _____
 B) Elevator (Item 160) Stair Charge: Origin _____ Destination _____
 C) Bulky Item: (Item 130) _____ \$ _____ Auto Make _____ Yr _____ Wt _____
 Bulky Item: (Item 130) _____

10. Containers, Packing, Unpacking (see detail below) (Item 104 or 105) _____

PACKING & UNPACKING SERVICE				Containers		Packing				Unpacking			
Items	Quantity	Rate	Amount	Quantity	Rate	Amount	Quantity	Rate	Amount	Quantity	Rate	Amount	Amount
Dish Pack, Barrels, etc.													
Cartons: Less than 3 cubic ft.													
3 cubic feet													
4.5 cubic feet													
6 cubic feet													
6.5 cubic feet													
Wardrobe Ctn., not less than 10 cu. ft.													
Mattress Carton, Crib													
Twin (not exceeding 39' X 75')													
Double (not exceeding 54' X 75')													
King/Queen (exceeding 54' X 75')													
Long/S (39' X 80')													

CONRULATED CONTAINERS (Specially designed for mirrors, paintings, glass or marble tops, and similar fragile articles)

CRATES SHOW TOTAL CU. FT. CHARGEABLE WHEN CU. FT. PAID (SEE TUES) CRATES WHEN MINIMUM RATE APPLIES (Minor Cartons)

Add Container Packing & Unpacking Totals together and insert sum total.

Containers	Packing	Unpacking
Total Container Charges \$	Total Packing Charges \$	Total Unpacking Charges \$

11. Labor: (Item 120) _____ Man/Men for _____ Hours @ _____ per man/hour _____
12. Extra Stop(s): (Item 115) _____
13. Other Charges: (explain, including tariff item) _____
14. Third Party Charges (not binding): _____

PACKING DATE(S)	AGREED PICK UP PERIOD			AGREED DELIVERY PERIOD		
	EARLIEST	LATEST	PREFERRED	EARLIEST	LATEST	PREFERRED

DISCOUNT (%) _____

TOTAL PROPOSED CHARGES _____

BINDING CHARGES _____

TOTAL CHARGES NOT TO EXCEED _____

PRE-EXISTING CONTRACT _____

Estimator _____ Date _____ Issuing Agent _____ Code _____

Shipper _____ Date _____ City/State Zip _____ Phone _____