

Move Date: _____ Time: _____

Shipper: _____

Phone: _____

Bill of Lading

Invoice # _____

Movers were paid \$ _____

☐ CC ☐ CASH

Sebastian Moving St Louis

314-333-9883

1059 Rockman Pl

St Louis MO 63119

As shipper, I acknowledge that I have read & received a copy of the moving agreement/guidelines. I do agree to the terms contained in the moving agreement / guidelines. I understand that there is no obligation by either party until both the Shipper and the Mover sign this contract. Sebastian Moving St Louis does not cover internal damage to electronics. The maximum claim for damage to all electronics (including tv's and computers) is \$250.00 per move.

Pick Up Address

Drop Off Address

Job Notes

Extra Stop

Points:

Hourly Rate

_____ Man Crew
_____ Trucks
2 Hour Min _____
Addl Hours _____
Oversize Fee _____
Start Time _____
Break _____
Finish Time _____
Total \$ _____

Flat Rate

Pack _____
Move _____
Storage _____
2nd Move _____
Unpack _____
Load _____
Unload _____
Total \$ _____

Packing

B	D	W	P	TV	M

Shipper

Estimated Move Price: _____

Print Name: _____

Signature: x _____

Date: _____

Total Move Price

\$

Card _____ Exp ____/____ CVV2 _____ Zip _____

I authorize the charge of \$ _____

I agree to all charges x _____

Mover

Signature: _____

Date: _____

Sebastian Moving St Louis is licensed with the state.