



info.starkmoving@gmail.com
 www.starkmovers.com
 USDOT 3398778
 MC 1093615
 MDPU 31961
 (857) 526-1511

HOUSEHOLD GOODS BILL OF LADING

The undersigned customer hereby orders the above carrier to furnish transportation facilities and services described in this order subject to and in accordance with the rules, regulations, and charges as contained in the Tariff on file with the Massachusetts Department of Public Utilities and the terms and conditions of the Bill of Lading shown on the back and made a part hereto, and agree to pay upon delivery the amount set forth below in cash, money order, check or credit card (credit card payments are subject to additional charge of 3%). The Customer agrees to pay for any parking fees or tickets assessed to the carrier for any vehicle under hire by the customer at the time of the charge.

CUSTOMER Ms. Hansika Chanrai PHONE 617 271 3752 (Ms. Karen)
 ORIGIN Street 100 Arlington st DESTINATION Street (Stark storage) 195 Bear Hill rd.
 City,State,Zip Boston, MA, 02116 City,State,Zip Waltham, MA, 02451

DECLARATION OF VALUE

The Customer must select one of the options below prior to the start of any packing or moving service.

BASIC VALUE PROTECTION Declared value of \$0.60 per pound per article (applies if the shipper does not select one of these options).
 REPLACEMENT COST COVERAGE (\$45 per \$1000 liability, no deductible). \$5000 minimum coverage. \$225 minimum added to the total bill. The carrier maintains the option to repair and/or restore the item to its original condition.

EXCLUSIONS: Furniture composed of particleboard or pressboard. Items found broken in boxes not packed by Stark moving. Mechanical condition of electronic, audio/visual, computer or battery operated equipment in transit or storage. Previously damaged or repaired items. Furniture with the original glue dried out. Any loose items not boxed. Marbles – due to the fragility of such items in most cases for reasons beyond our control, Stark moving will not take responsibility in terms of any type of coverage.

CUSTOMER'S SIGNATURE AT ORIGIN *Kbu* DATE 05/25/2020

TRANSPORTATION RATES				SUPPLIES/ADDITIONAL CHARGES			
START TIME <u>9.00 am</u>	END TIME <u>1.30 pm</u>			ITEM	QTY	RATE	AMOUNT
START TIME _____	END TIME _____			ROLL OF TAPE	12	3.5	42.00
TIME FROM/TO <u>30 mins</u> (1/2 HR MIN)	TIME OFF _____			SMALL "BOOK" BOX		3	
TOTAL HOURS _____	(2 HRS MIN)			MEDIUM BOX	2	4	8.00
CREW OF#	RATE	# OF HOURS	CHARGES	LARGE BOX	7	5	35.00
<u>2</u>	<u>100.00</u>	<u>5</u>	<u>500.00</u>	PICTURE/MIRROR BOX	5	6	30.00
				DISH PACK BOX		7	
				WARDROBE BOX		15	
				SHRINK-WRAP (PER ITEM)	2	5	10.00
				REAM PACKING PAPER (BUNDLE)		24	
CREDIT CARD INFORMATION CARDHOLDER NAME: _____ CARD NUMBER: _____-XXXX EXPIRATION: _____ CVC _____ ZIP _____ *CREDIT CARD PAYMENTS ARE SUBJECT TO ADDITIONAL CHARGE OF 3% I AGREE TO PAY THE TOTAL AMOUNT _____ AUTHORIZATION SIGNATURE _____				HOISTING FEE (\$30 PER FLIGHT PER ITEM)		30	
				UPRIGHT PIANO FEE (\$150 PER FLIGHT PER ITEM)		150	
				TV KIT		150	
				Replacement cost coverage for \$5000.00 value			225.00
				TOTAL SUPPLIES/EXTRA SERVICES CHARGES			350.00
				STORAGE FEE FROM: <u>05/25/2020</u> TO: _____			195.00
				FLAT RATE CHARGES			
				HOURLY CHARGES			500.00
				TOLLS/OTHER CHARGES			
				TOTAL CHARGES			1,045.00
			LESS DEPOSIT/COUPON RECEIVED				
			BALANCE DUE				1,045.00

I have inspected my goods and premises, including but not limited to elevators, floors, walls and stairwells. Goods received in good condition. Check _____
 There are no damages except as noted in comments. The cab and the back of the moving truck are empty and job is completed. Cash _____

CUSTOMER'S SIGNATURE AT DESTINATION _____ CARRIER George, Leo

COMMENTS The first month storage fee must be paid upon the loading. The storage fee is \$195.00 per month.
The tv (2k) had frame damage; the desk had scratches;
the dresser had lock of handles