



2630 KAPIOLANI BLVD. #1901
HONOLULU, HAWAII, 96826
(808) 275-7155

MOVING SERVICE CONTRACT

BILL OF LADING

DATE

CLIENT'S NAME

FROM:

ADDRESS:

CITY

STATE

ZIP:

TO:

ADDRESS:

CITY

STATE

ZIP:

PHONE NUMBER

E_MAIL

COST INFORMATION:

TIME

RATE

X

=

LABOR

PACKING

SUPPLIES

4.712% TAX

TOTAL

START TIME:

CUSTOMER INITIAL

END TIME:

CUSTOMER INITIAL

CREW:

DRIVER 1:

HELPER:

HELPER:

DRIVER 2:

HELPER:

HELPER:

VEHICLE INFO:

VEHICLE INFO:

VEHICLE INFO:

Truck and surrounding area were checked for accidentally items left behind.

INSPECTED BY:

CREW INITIAL

Read and agreed disclaimer on back: Customer Initial

DESCRIPTION OF OPERATIONS:

COMMENTS / SPECIAL INSTRUCTIONS

INVOICE NUMBER

(DATE & ADDRESS NUMBERS)

The above work was performed satisfactory
and all items were received in good condition.

OWNER OR AUTHORIZED REPRESENTATIVE