

Corporation/LLC or Sole Proprietor and Trade Name (if any)
Street Number and Name (No PO Box) (ex. 941 North Capitol Street, NE)
City, State, Zip Code (ex. Washington, DC 20002)
Office Phone Number with Area Code (ex. (202)442-4400)
(OPTIONAL: In addition you may include your fax and/or pager numbers)

MOVING AND STORAGE CONTRACT

Date: _____

1. The name, address and telephone number of the contractor.
2. A statement of each service to be performed for which charges will be made.
3. A statement of the amount of each charge or the manner in which it shall be computed.
4. A statement of the manner and time of payment
5. The approximate date(s) on which the moving required by the contract is to start and will be completed.
6. The original location and the destination of the household goods to be transported.
7. The name, address and telephone number of the place of storage, if any, and the hours during which the stored goods can be inspected by the owner.
8. A statement as to whether the contractor maintains insurance coverage for the benefit of customers, insuring against loss of or damage to the customer's household goods while the goods are in the contractor's custody, and if so, the types and financial limitations of that insurance coverage.
9. No release of liability given by an owner to a contractor in connection with the transportation of household goods shall be effective until forty-eight (48) hours have elapsed following completion of delivery, and the owner has not, during that period, rescinded the release by written notification to the contractor postmarked prior to the expiration of the forty-eight (48) hour period.

THIS CONTRACT MUST BE TYPESET AND SUBMITTED IN TRIPLICATE FORM.