Move Date: Shipper: Phone:	Time <u>:</u>	Bill of Lading Invoice # Movers were paid \$ CC □ CASH	Sebastian Moving South West Ohi 937-971-0493 8672 US Highway 22 and 3 Sabina OH 45169
ontained in the moving ne Mover sign this contr	agreement / guidelines. I unders	stand that there is no obligation best Ohio does not cover internal	guidelines. I do agree to the terms by either party until both the Shipper and damage to electronics. The maximum
	Points:	Hourly Ra Man C Trucks 2 Hour Min Addl Hours Oversize Fee Start Time Break Finish Time Total Start S	rew Pack
Estimated Move Price Print Name: Signature: Date:	Shipper		Packing W P TV M Total Move Price
	Exp/ C		Mover Signature:
I ag	ree to all charges x		Date: