



22054 Shaw Road
Sterling, VA 20164
703-435-4596 office
703-421-6420 fax

DullesMoving.com

CONFIRMATION

SHIPPER : _____ H _____ DATE _____
_____ W _____ W _____
_____ NEW # _____

MOVING SERVICE OF : _____

FROM: _____

TO: _____

ADDITIONAL PICK-UP: _____

DROP OFF: _____

OTHER BILLING ADDRESS: _____

I HEREBY REQUEST ALL RISK COVERAGE INSURANCE: VALUE \$ _____ AT THE COST
OF \$ _____ PER \$1,000.00 OF VALUATION. DEDUCTIBLE \$ _____.

5X7X7 STORAGE VAULTS @\$ _____ EACH PER MONTH. # OF VAULTS _____. STORAGE
INSURANCE @\$2.00/\$1,000.00/MO. VALUE REQUESTED \$ _____ DEDUCTIBLE \$200.00

MOVE TYPE	DATE	HOURLY RATE	# OF MEN	# OF TRUCKS	ESTIMATED # OF HOURS
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PLEASE READ THE ABOVE INFORMATION. IF THERE IS AN ERROR, MAKE THE CHANGES. PLEASE ADD
ANY MISSING INFORMATION. READ **THE TERMS & CONDITIONS** ON THE REVERSE SIDE. WHEN YOU
HAVE READ THE TERMS & CONDITIONS AND ALL INFORMATION IS CORRECT, SIGN AND SEND
THE GREEN COPY BACK TO OUR OFFICE. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO
CALL. THANK YOU FOR USING **DH MOVING & STORAGE INC.**

SHIPPER'S SIGNATURE _____ DATE _____ DH REP. SIGNATURE _____ DATE _____