

An Extra Body Movers

Character • Quality • Excellence

Please complete and return by email at least 48 hours before the move day

Customer Information

Name: _____ Move Date: _____ Time: _____

Address: _____ Items Moved To: _____

City: _____ State: _____ Zip: _____ Job Code: _____

Phone: _____ Email: _____ Site Contact: _____

Customer Move Summary

Job Length: _____ Move Category: C _____ Flights of Stairs (L):* _____ Flights of Stairs (U):** _____ Crew Size: _____

I read the "Move Policies and Procedures" and "Special Fees Schedule" information that concerns accurate work-time scheduling and proper stair-flight disclosure and based on all the guidelines provided, the job length that I specified above is accurate for my particular needs. I realize that if the estimate is over by more than an hour, the **Special Fees Schedule** rates may apply. _____
(Initial here)

Dwelling Type: _____ Truck/Trailer Size: _____ Renting: Utility Dolly: Y | N Furniture Dolly: Y | N

Appliances: _____

Number of Boxes: _____ Boxes Content: _____ Number of Other Containers: _____

Other Services Request: Move Planning Move Management Packing Service Final-Move Cleaning Truck Driving

SPACES INVOLVED IN THIS MOVE

(Indicate all that apply)

Dining Room Kitchen MBDRM 2nd BDRM 3rd BDRM Office Basement Garage Attic Other Storage

Notes: _____

Comments: _____

Directions: _____

(L)* Loading Point

(U)** Unloading Point