MOVING SERVICES BOOKING FORM

Customer Information			
First Name	Last Name		
Email Address	Phone Number		

Moving Details			
Preferred Date	Alternate Date		Number of Rooms
Services Required		Vehicle Preference	
Insurance Options			
Please provide any ad	Iditional detai	ls about your mov	re we should know

Origination Address			
Street Address	City	State	Zip Code

Destination Address			
Street Address	City	State	Zip Code

The customer is responsible for ensuring all items are properly packed and ready for transport unless packing services have been arranged in advance. The company is not liable for any damage to items not packed or prepared according to our guidelines.

Any changes to the moving date or details must be communicated at least 48 hours in advance. Cancellations made less than 48 hours before the scheduled move may incur a fee.

Payment is due upon completion of the move unless otherwise arranged. Additional charges may apply for services not included in the initial estimate or for overtime.

Signature:	Date: