Please initial at the top of each page prior to returning contract.

MC NO. 237817

ORDER FOR SERVICE

MOISHE'S MOVING SYSTEMS

227 Coles Street, Jersey City, NJ 07310 Tel. 800-266-8387 Fax 212-466-1808

NorthStar Moving Corp. Moishe's Moving Systems of Chicago LLC.

AGENT FOR MOISHE'S MOVING SYSTEMS

CARRIER'S REG. NUMBER

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER — REFER TO THE ABOVE REG. NO.

SHIPPER Enter Shipper's name			**CONSIGNED TO** Enter Receiver's Name		
ADDRESS Enter Street Address and Apt # if app.			**ADDRESS** Enter Street Address and Apt # if app.		
FLOOR	ELEV.	TEL.	FLOOR	ELEV.	TEL.
City	State		City	State	

CARRIER'S DELIVERING AGENT OR INTERLINING CARRIER (IF ANY)	**ADDRESS**		
NAME	**CITY**	**STATE**	**PHONE**

LOCATION OF CERTIFIED SCALE TO BE USED IN WEIGHING SHIPMENT AT ORIGIN

PACKING DATE REQUESTED	AGREED PICKUP DATE OR PERIOD OF TIME	GUARANTEED PICKUP DATE	AGREED DELIVERY DATE OR PERIOD OF TIME	GUARANTEED DELIVERY DATE	GUARANTEED SERVICE DATES
_____ (If applicable)	_____ (If applicable)	_____ (If applicable)	_____ (If applicable)	_____ (If applicable)	_____ (If applicable)
				Daily Allowance	

SHIPPER'S CONTACT EN ROUTE			**SERVICES TO BE PERFORMED ON THIS SHIPMENT**					
NAME			**SPECIAL SERVICES ORDERED BY SHIPPER**					
ADDRESS			**APPLIANCE SERVICING**		Television		Record Player	
CITY	**STATE**	**PHONE**		Air Conditioner		Dishwasher		Range
SHIPPER'S CONTACT AT DESTINATION						Refrigerator		Washer
NAME						Freezer		Dryer
ADDRESS				Exclusive Use of Vehicle		Cu. Ft.		
CITY	**STATE**	**PHONE**		Space Reservation		Cu. Ft.		
SHIPPER _____ DOES NOT _____ DOES REQUEST NOTIFICATION CHARGES PRIOR TO DELIVERY AT:				Length of Space Ordered		Ft.		
NAME				Expedited Service		Complete Occupancy		
ADDRESS				Excessive Carry		Elevator		Stairs
CITY	**STATE**	**PHONE**		Piano or Organ Carry		Labor		
SHIPMENT SUBJECT TO A MINIMUM OF _____ $				Hoisting or Lowering		Auxiliary Service		
			Transit Storage:		Origin:		Destination:	

BINDING ESTIMATE CHARGES		**YES**	**NO**		
Transportation		Destination Services			
Origin Service		Valuation Charge			
		Total Charges			

Total Charges above cover only the articles and services indicated on binding estimate accompanying this order for service, signed by representative of both the carrier and shipper. Total charges are guaranteed for _____ days from date of signing.

Non-Binding Estimated Charges:	
110% Collection Option (COD)	

Payment in Cash or Certified Check, Traveler's Check or Bank Cashier's Check Upon Arrival of Truck at Delivery Location and Prior to Delivery of Customer's Goods.

Payable To: _____

Type of Shipment		Chg.		P.P.D.		C.O.D.

BILLING INFORMATION			
NAME			
ADDRESS			
CITY		STATE	
ATTENTION OF:			

CUSTOMER'S DECLARATION OF VALUE

THIS IS A TARIFF LEVEL OF CARRIER LIABILITY – IT IS NOT INSURANCE

You must select in your own handwriting one of the following two options for your shipment. The option you select establishes your mover's maximum liability for your goods, subject to the rules contained in your mover's tariff.

Option 1: Full (Replacement) Value Protection. If any article is lost, destroyed or damaged while in your mover's custody, your mover will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by your mover, or pay you the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay you for the cost of such a replacement. An additional charge applies for this option.

To select Option 1, you must write on the line below, either a lump sum dollar amount for the value of your shipment that may not be less than $5000, or an amount per pound that may not be less than $4.00 per pound, whichever is greater.

The value of my shipment is: _____.

You must also select one of the following deductible amounts that will apply for your shipment:

No Deductible (_____) initial **$250 Deductible (_____)** **$500 Deductible (_____)**

OPTION 2 Released Value of 60 Cents Per Pound Per Article. If any article is lost, destroyed or damaged while in your mover's custody, your mover's liability is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.

To select Option 2, you must write on the line below, the words "60 cents per pound".

The value of my shipment is: _____.

Your signature is required here: I acknowledge that I have 1) declared a value for my shipment and selected a deductible amount, if appropriate, and 2) received and read a copy of the mover's brochure explaining these provisions and the applicable charges.

Customer's Signature _____ Date _____

ADDITIONAL INFORMATION:

THE SHIPPER (OR HIS REPRESENTATIVE) BY HIS SIGNATURE HEREBY ORDERS THE SERVICES OUTLINED HEREIN TO BE PERFORMED ON HIS BEHALF; AND FURTHER ACKNOWLEDGES THAT ALL ARRANGEMENTS REGARDING CONTACT WHILE EN ROUTE AND/OR AT DESTINATION, METHOD OF PAYMENT, AND NOTIFICATION OF CHARGES ARE AS DESIGNATED BY HIM.

_____ X _____

DATE — SHIPPER OR HIS REPRESENTATIVE

THE CARRIER, BY SIGNATURE OF ITS REPRESENTATIVE, HEREBY ACCEPTS THIS ORDER FOR SERVICES AND AGREES TO PERFORM THE SERVICES OUTLINED HEREIN AND TO COMPLY WITH SUCH OTHER ARRANGEMENTS AS ARE SPECIFED.

_____ X _____

DATE — CARRIER'S REPRESENTATIVE