

Your Estimate for Quality Services

Name: _____

Address: _____

P.C. _____

Phone: (H) _____ (C) _____

Moving From: _____

Moving To: _____

Moving Date: _____

Packing Date: _____

Charges: _____

Option 1 Fixed Price

Moving Regular Furniture \$ _____

Special Items - Organ \$ _____

Labour for Packing \$ _____
(packing materials extra)

Packing Materials \$ _____

Storage Fee \$ _____

GST \$ _____

Total Charges \$ _____

Agreed upon number of boxes to be moved _____

Option 2

Hourly Moving Rate \$ _____ not to exceed \$ _____
(2 movers)

Option 2

Hourly Packing Rate \$ _____ not to exceed \$ _____
(1 Packer)

Packing Materials

\$ _____ Storage \$ _____ Extras \$ _____

Agreed upon number of boxes to be moved _____