ELITE RESIDENTIAL LOGISTICS

PREMIUM MOVING & WHITE GLOVE SERVICES

INVOICE # _____

DATE: _____

CLIENT INFORMATION

Name: _____

Origin: _____

Destination: _____

SERVICE DETAILS

Move Coordinator: _____

Service Date: _____

PO Number: _____

DESCRIPTION OF SERVICES	QTY/HRS	RATE	AMOUNT
White Glove Packing & Crating (Antiques/Art)			$
Professional Moving Crew (Elite Tier)			$
Climate-Controlled Transit			$

DESCRIPTION OF SERVICES	QTY/HRS	RATE	AMOUNT
Full Valuation Protection Coverage			$
Unpacking & Debris Removal			$

Subtotal: $
Fuel & Surcharge: $
TOTAL DUE: $

Thank you for choosing Elite Residential Logistics.

Payment Terms: Due upon completion of delivery. Wire transfers or certified checks only.