



REQUEST FOR SHIPPING QUOTE

DATE: _____

COMPANY: _____

FROM: _____

EMAIL: _____

PHONE: _____

HC QUOTE: \$ _____
INITIALS: _____
DATE: _____

PICK UP ADDRESS (ORIGIN): (REPEAT REQUESTS NEED NOT FILL IF NOTHING HAS CHANGED SINCE LAST QUOTE)

STREET/AVE/LN: _____

CITY, STATE AND ZIP: _____

PHONE: () - - _____

DAYS/HOURS ACCESSABLE S M T W T F S : AM/PM TO : AM/PM _____

PIECE(S) AVAILABLE BY: / / / **WEEKEND P/U OK?** Y N _____

SHIPPING ADDRESS (DESTINATION):

CUSTOMER NAME(S): _____

STREET/AVE/LN: _____

CITY, STATE AND ZIP: _____

EMAIL ADDRESS: _____

BEST PHONE: () - - ALT. PHONE: () - - _____

RESIDENCE BUSINESS ELEVATOR LOADING DOCK/ZONE _____

ITEM(S)DESCRIPTION(S):

QUANTITY	NEED L" X W" X H"	DESCRIPTION	WEIGHT
			LBS

IF TABLE IS IT K/D? Y N _____

OF FLIGHTS OF STAIRS _____

NOTES: DATE: _____

ACCEPTED BY: _____