

In order to better serve our Customers that will require truck delivery to deliver their product, please provide us with the following information:

	any Name <u>OR</u> mer Name:							
Shipping Address:			АРТ:			SUITE:		
City :			State:			Zip:		
Conta	ict:			-			1	
Phone Number:								
YES			NO					
Do you require an appointment?								
"If YE	S" Con	tact Name:						
"If YE	S" Phor	e Number:						
Do yo	u have a Dock	?						
Do you have a Fork Truck?								
Do you have a Pallet Jack?								
Do yo	u have a Lift G	iate?						
Do yo	u require Insid	de Delivery?						
Is this a RESIDENTIAL Delivery? **Please Note if there is a Residence on the property, even if it is a business, it is considered a Residential Delivery**								
Receiving Hours:								
Item:							Quantity:	
Item:	Item:						Quantity:	
Item:							Quantity:	
Item:							Quantity:	

Thank you for your assistance.