

CONSUMER INFO

REGISTRATION NO.		COMPANY	
NAME		ADDRESS	
ADDRESS		SUITE/APT NO.	
SUITE/APT NO.		CITY, STATE ZIP	
CITY, STATE ZIP		PHONE NO.	
PHONE NO. 1		CALLED BY	
PHONE NO. 2		eMAIL	
eMail address		BILLING ATTENTION	

SHIPPING DATES

PACKING DATE(S)	LOADING DATE(S)	SERVICE DATE(S)	TIME REQUESTED

CRATES

NO	ITEM DESCRIPTION	CRATE STYLE	ROOM LOCATION	HEIGHT	WIDTH	DEPTH
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

ADDITIONAL SERVICES REQUIRED OR SPECIAL INSTRUCTIONS

NOTE: If more than 12 crates are needed, please call for FREE on-site survey.