



Client Information Needed:

Name of Business shipping to: _____

Website Address: _____

Owner name: _____

Owner Cell: _____

Email for Invoice: _____

Shipping Address: _____

Billing Address: _____

Person accepting the shipment: _____

Cell Phone: _____

*(Carrier needs to notify of the delivery time.)

Account(s) Payable Information:

Contact name: _____

Phone Number: _____

Email: _____

Preferred Payment: ACH _____ CC _____ (2.8% fee)

Delivery hours accepted for shipment: _____

(No specific hour appointment can be made; a range of hours is accepted.)

*** Lift gate deliver only.

*** No inside delivery - extra charge is added if requested
\$100.00 - \$207.00 each location for inside delivery
(may be more). Will be billed after delivery.

*** If future delivery date is required and we have to hold the
order, please let us know your requested date.
Shipment will not be made until all monies received.

*** If delivery is needed for an opening, please give the
requested date needed.