

COPY CARRIERS - MOVEMENT REQUEST FORM

Telephone (310) 324-9922

Please Return via FAX (310) 324-3502

REQUESTOR

Name : _____ **FAX:** _____

Phone : _____ Quote Amount: _____ By: _____

PICK UP FROM

Company : _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

2nd Contact: _____ 2nd Phone: _____

Pick Up Date : _____ Steps or Stairs? Yes No

Hours: _____ De-Install Copier? Yes No

PICK UP INSTRUCTIONS:

DELIVER TO

Company : _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

2nd Contact: _____ 2nd Phone: _____

Delivery Date : _____ Steps or Stairs? Yes No

Hours: _____ Install Copier? Yes No

DELIVERY INSTRUCTIONS:

EQUIPMENT DESCRIPTION

| QTY | Description including Make and Model | Serial Number | Weight |
|-----|--------------------------------------|---------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

BILLING

New Customer? Yes No If not Enter Debtor Code _____

C.O.D. Customer? Yes No C.O.D. Location: Pick Up Delivery

New Customer Billing Address (Non C.O.D only): _____