

Shipping Confirmation Form

Please give us a shipping address with a shipping phone number and a business address.

The machines ship to;

Company; _____

Name; _____

Address; _____

City; _____ Zip; _____

Phone number of shipping dept or contact person; _____

Name of person in shipping dept or contact person; _____

Dock #

Hours open to receive shipment

Commercial address; _____ Residential address; _____

Direction for driver; _____

Do you require a lift gate for delivery? _____ Do you require a lift gate for delivery? _____

Will this be a limited access delivery? _____ Do you need to schedule a delivery time? _____

What is the date needed? _____

Business Address for Billing;

Company _____

Name; _____

Address; _____

City; _____ Zip; _____

Phone number _____

In order for us to obtain a proper shipping quote for your equipment, please supply us with the following information;