

CUSTOM MOVERS SERVICES NATIONWIDE THIRD PARTY ORDER FORM

MOVER INFORMATION

Company: _____

Address: _____

Phone: _____

Fax: _____

Agent Brand: _____

BILLING INFORMATION

P.O. or Registration # _____

Person Authorizing Service: _____

Bill To (please check one):

Agent

Vanline

COD

Estimated weight: _____

#

Third Party Services are for:

Origin

Destination

Both

Shipper Information	Origin Request Date: _____	Destination Request Date: _____
Pack Date: _____	Load Date: _____	Del Date: _____
Origin Confirmation ▶	Destination Confirmation ▶	
Name: _____	Name: _____	
Address: _____	Address: _____	
City: _____ St: _____	City: _____ St: _____	
Zip: _____ County: _____	Zip: _____ County: _____	
Home Ph: _____	Home Ph: _____	
Work Ph: _____	Work Ph: _____	
Other: _____	Other: _____	

Service Information (check as appropriate: **O** for origin **D** for destination)

<p>O D</p> <p><input type="checkbox"/> <input type="checkbox"/> Washer <input type="checkbox"/> FL w/ Kit <input type="checkbox"/> FL w/ Out Kit</p> <p><input type="checkbox"/> <input type="checkbox"/> Dryer <input type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> <input type="checkbox"/> Refrigerator w/ Icemaker</p> <p>Waterline authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call</p> <p><input type="checkbox"/> <input type="checkbox"/> Other appliances _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Flat Pl TVs <input type="checkbox"/> <36" <input type="checkbox"/> 37-60" <input type="checkbox"/> >60"</p> <p>Take Down <input type="checkbox"/> Unpack <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> Chandelier Ceiling Height _____ ft</p> <p>Put up replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Health Equipment # of stations _____</p>	<p>O D</p> <p><input type="checkbox"/> <input type="checkbox"/> Grandfather Clock</p> <p>Crate Clock? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Uncrate Clock? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Other clocks _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Pool Table <input type="checkbox"/> 1 pc slate <input type="checkbox"/> 3 pc slate</p> <p>Crate slate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Swing Set <input type="checkbox"/> Wood <input type="checkbox"/> Metal</p> <p>Size: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Beds <input type="checkbox"/> Water Bed <input type="checkbox"/> Dr/Fl</p> <p><input type="checkbox"/> <input type="checkbox"/> Furniture / Shrank</p>
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CRATES	Description	Approximate size		Description	Approximate size
Crate 1		X X	Crate 2		X X
Crate 3		X X	Crate 4		X X
Crate 5		X X	Crate 6		X X
Crate 7		X X	Crate 8		X X

Other Services/Notes: