

PACIFIC **TRANSPORT**

MOVEMENT REQUEST

Telephone: 714-838-1818

Fax: 714-838-3881

Requested By: _____

Contact # _____

Date Submitted/Faxed: _____

Location name: _____

Pickup date: _____

Address: _____

Time: AM / PM / Anytime

City: _____ State: _____ Zip: _____

Stairs: Yes / No

Elevator Available Yes / No

Contact: _____ Phone # _____

Special Instructions: _____

Location name: _____

Delivery date: _____

Address: _____

Time: AM / PM / Anytime

City: _____ State: _____ Zip: _____

Stairs Yes / No

Elevator Available Yes / No

Contact: _____ Phone # _____

Special Instructions: _____

Bill to: Shipper / Consignee / Third-party:

Copier / Multifunctional Machine Detail

Model / SN # _____ Finisher/Sorter _____

Other Accessories _____ Estimated Weight: _____

Model / SN # _____ Finisher/Sorter _____

Other Accessories _____ Estimated Weight: _____

To be Removed at time of delivery

Model / SN # _____ Finisher/Sorter _____

Other Accessories _____ Estimated Weight: _____

Item(s) to be Moved (non-copier)

Item Description _____

Est. Weight: _____ Value: _____

Estimated Job Quote: _____ DATE: _____