

CUSTOMER INFORMATION

Please fill out this form completely

MAILING ADDRESS

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP _____

PHONE# _____ CELL# _____ FAX# _____

EMAIL: _____

OWNER: _____ BUYER: _____

RECEIVING HOURS: _____ DAYS CLOSED: _____

DELIVERY ADDRESS IS REQUIRED ONLY IF REQUESTING A DELIVERY

- * Please check route for any low trees, wires or load limit requirements, and for a safe turn around.
- * Can a 14' high, 35 Foot Long Tractor-Trailer get to the delivery site safely? **Yes or NO** circle one.
- * If the answer is **NO** we must make other arrangements for delivery.

JOB or YARD NAME: _____

DELIVERY ADDRESS: _____

CITY: _____ **ZIP** _____

CONTACT PERSON: _____ **CELL#** _____

NEAREST CROSS STREET: _____

DIRECTIONS: *(Is there a recommended truck route.)* _____

