



SHIP IN EQUIPMENT MOVE REQUEST OB#

Requested Move Date _____

Dealer name _____

Date _____

Pick Up Location:

Delivery Location:

Company Name _____

Company Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Contact Name & email _____

Contact Name & email _____

Phone _____

Phone _____

Stairs: Yes No

Special Delivery Times: _____

Other Special Instructions:

Model	ID#	Serial #	Meter	Dept
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Billable Price: **\$165.00 Per Hour** x _____ = \$ _____
with a one hour minimum # of Hours Total

Invoice Customer

Invoice Dealer

Name & Title _____

dealer or customer name/address for Bill To

Dealer Acceptance Signature & Date

Date Customer Signature & Printed Name