

Request Services

Order Date: Month _____ Date _____ Year _____

Job Date: Month _____ Date _____ Year _____

PO#(if applicable) _____

Name of Person Ordering: _____

Title: _____

Party Responsible for Payment: _____

Address: _____

Phone: _____ Fax: _____

Job Location Address: _____

Job Location Phone: _____ Fax: _____

Job location Contact Person: _____

Entry Way: Height _____ Width _____

Loading Ramp: Yes ___ No ___

Job Specifications: (please list machine types/names, weights, and measurements.)

Check What Needs to be Done:

Crate ___ Uncrate ___ Load ___ Transport ___ Unload ___ Arrange Freight ___ Set in Place ___ Rearrange in your facilities ___ Electrical Connects ___
Plumbing Connects ___ Leveling ___ Electrical Disconnects ___ Plumbing Disconnects ___ Laser Leveling ___ Plant Move ___

Other: Please Describe below:

Signature below confirms request for services indicated above and guarantees payment within 30 Days of submission of invoice. Interest will accrue at 1.5% per month on all amounts over 30 days old.

Signature: _____ Date: _____