

Shipping Request Form

Complete all three pages. Enter Unknown or N/A if needed. Attach an inventory for additional items.

1 Client and billing details

Client or company

Request date

Project or quote reference

Requested by

Phone

Email

Bill to if different

Invoice email

PO or billing reference

2 Requested services

Transport

☐ Shared route

☐ Dedicated vehicle

☐ Unsure

Collection

☐ Dock

☐ Curbside

☐ Inside

☐ Unsure

Delivery

☐ Dock

☐ Curbside

☐ Inside

☐ White glove

☐ Unsure

Inside means beyond the entrance. White glove includes unpacking and final placement.

Additional services Check all that apply

☐ Packing

☐ Crating

☐ Unpacking

☐ Debris removal

☐ Assembly

☐ Installation

☐ Storage

☐ Discuss coverage

3 Shipment inventory

Dimensions ☐ in ☐ cm

Weight ☐ lb ☐ kg

Value currency

Qty	Item description or ID	Packing	L x W x H	Weight each	Value each

Include crates and packing in dimensions and weights. If not packed, give item dimensions and write Unpacked in the Packing column.

Total packages or pieces

Total shipment weight

Total declared item value

Special handling and service details

Include fragile surfaces, upright only, no stacking, temperature needs, storage dates or installation scope.

FROM Collection Location

Provide the collection address and access details. Check one answer per access question.

Project or quote reference

Location type residence business or other

Company or person at this address

On-site contact name

Street address

City

State or region

ZIP or postal code

Country

Floor and unit

Contact phone

Contact email

Timing and appointments

Requested date or date range

Preferred time window

Site opening or receiving hours

Firm deadline or appointment details include AM PM and time zone

Access and equipment

	Yes	No	Unsure
Loading dock available	☐	☐	☐
Truck liftgate required	☐	☐	☐
Forklift available on site	☐	☐	☐
Truck crew to provide pallet jack	☐	☐	☐
Stairs or steps on the carrying route	☐	☐	☐
Elevator required	☐	☐	☐
Appointment or dock reservation required	☐	☐	☐
Certificate of insurance required by building	☐	☐	☐
Parking permit or special parking arrangement required	☐	☐	☐
On-site help available for loading or unloading	☐	☐	☐

Stair count steps or flights

Carry distance from truck

On-site helpers and equipment

Elevator cab L x W x H and weight capacity

Narrowest door W x H

Access notes truck limits parking reservations and building contact

TO Delivery Location

Provide the delivery address and access details. Check one answer per access question.

Project or quote reference

Location type residence business or other

Company or person at this address

On-site contact name

Street address

City

State or region

ZIP or postal code

Country

Floor and unit

Contact phone

Contact email

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Certificate of insurance required by building	☐	☐	☐
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