

DELIVERY FORM

Customer Name: _____

Is Customer COD: Yes NO Pre-Pay

Date of Request: _____

Date of Delivery: _____

Order Number(s): _____ Order Taken By: _____

Delivered by(Driver Initials): _____ Order Entered By: _____

Name of Person Ordering: _____ Phone: _____

Time of Day Requested Delivery: _____

Delivery Address: _____

Onsite Contact Name: _____

Phone Number: _____

Verified Address on Mapquest/Google?

Moffett Required? Yes No

All Product In Stock? Yes No

If Not, When and How is Product Arriving: _____

Additional Information: _____

****Drivers please call customers prior to your arrival so they can be prepared for their delivery. Thank you!***