

CLIENT INFORMATION

DATE: _____ REMOVAL DATE: _____

NAME & SURNAME: _____

CONTACT NUMBER (HOME): _____

CONTACT NUMBER (WORK): _____

FACSIMILE NUMBER: _____

MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

MOVE FROM

MOVE TO:

_____	_____
_____	_____
_____	_____
_____	_____

Please answer the below options with a Y for yes or a N for no in the allocated areas.

DO YOU REQUIRE INSURANCE?	_____
INSURANCE VALUE	R _____
DO YOU REQUIRE BOXES?	_____
DO YOU REQUIRE PACKING?	_____
IS THERE EASY ACCESS FOR A LARGE TRUCK AT COLLECTION?	_____
IS THERE EASY ACCESS FOR A LARGE TRUCK AT DELIVERY?	_____
WHAT FLOOR IS THE COLLECTION ADDRESS ON?	_____
WHAT FLOOR IS THE DELIVERY ADDRESS ON?	_____
WILL THE CARRY DISTANCE AT EITHER ADDRESS EXCESS 35m?	_____

☛ **PLEASE RETURN BY FAX OR EMAIL TO: 086 542 3320 / sales@smartremovals.co.za**

Thank you
Smart Removals
Tel: 0861 28 28 88

SPECIAL NOTES: