

ENQUIRY FOR QUOTATION AND ESTIMATION

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| NAME: | DATE: |
| DATE OF SURVEY: | TIME: |
| MOVE DATE: | |

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|-------------------|-----------------|
| MOVE FROM: | MOVE TO: |
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| PHONE (H) | FAX NO: |
| PHONE (B) | CELL NO: |

E-MAIL ADDRESS:

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| HOW DID YOU HEAR ABOUT US: |
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| <i>CHARGES</i> | |
| <i>REMOVAL DIRECT TO RESIDENCE/ STORE</i> | |
| <i>STORAGE PER MONTH</i> | |
| <i>REDELIVERY FROM STORE</i> | |
| <i>PACKING GENERAL CARTONS</i> | |
| <i>PACKING ROBE – LINEN</i> | |
| <i>PLASTIC COVERS</i> | |
| <i>CRATING</i> | |
| <i>DELIVERY OF CARTONS</i> | |
| <i>TRANSPORTATION OF PETS</i> | |
| <i>KENNELING OF PETS</i> | |
| <i>TRANSPORTING VEHICLE</i> | |
| <i>TRANSPORTING POT PLANTS</i> | |
| <i>SHUTTLE VEHICLE</i> | |
| <i>PROJECT MANAGEMENT</i> | |

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| ESTIMATED VOLUME: | INSURANCE: |
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COMMENTS:

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| Signed By: | Date: |
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