

Cleave Removals Pty Ltd

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QUOTATION QUESTIONNAIRE

Please complete the Inventory sheet and this Questionnaire to help us prepare an accurate quotation for you.

1/ NAME: _____

2/ CURRENT / PICK-UP ADDRESS: _____

2a/ ACCESS DETAILS: _____ GROUND FLOOR: _____ YES / NO

3/ HOME PHONE No.: () _____ WORK PHONE No.: () _____

E-MAIL: _____ MOBILE No.: _____

4/ APPROXIMATE PICK-UP DATE: _____

5/ DELIVERY ADDRESS: _____

5a/ ACCESS DETAILS: _____ GROUND FLOOR: _____ YES / NO

6/ APPROXIMATE DELIVERY DATE: _____

7/ Will the Delivery be to: a/ Residence

b/ Storage Facility

8/ Is it a: a/ Private Account

b/ Company Account

9/ If it is a Company Account: Name of Company _____
Contact Name _____
Telephone No.: _____

(If a company, an official order or Letter of Authority is required)

10/ Do you require packing by Cleave Removals? YES / NO

FULL BREAKABLES ONLY PARTIAL

11/ Your estimation of packing required: a/ Standard Cartons

b/ Book & Wine Cartons

c/ Porta Robes (hanging of clothes)

12/ Insurance Required? YES / NO

If YES, complete the attached Insurance Declaration, sign and return with this form to our office.

13/ Do you need to relocate :

CAR: TRAILER: CARAVAN:

BOAT: PET/S: MOTORBIKE:

IF YOU REQUIRE ANY FURTHER INFORMATION PLEASE DO NOT HESITATE TO CONTACT US.