

## TRUCK PICK UP FORM

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NAME:				
ORDER NO:		ORDER DATE:	<u>Tueso</u> <u>Thurs</u>	
JOB NAME:		DATE REQUIRED B	Y:	
JOD ADDRESS:		CONTACT PHONE:		
PACKING DETAILS:				
		QTY		
	PALLET	QII		
	вох			
	LOOSE ITEMS			
DON'T HAVE YOUR ITEMS PACKED ON A PALLET OR INTO A BOX?  Will you need Ultimate Spray to provide for you?				
will you need offinate Spray to provide for you:				
	YES PLEASE	NO THANKS		
1	PALLET BOX			
	How many?			
AS OUR PICK UPS & DELIVERIES ARE VIA TRUCK:				
Have you got a FORKLIFT AVAILABLE ONSITE? Please Circle			YES	NO
What are your OPEN/STAFFED HOURS?				to
What is your PREFFERED				
Who is your best ONSITE CONTACT?			NAME: NUMBER:	

Please don't hesitate to contact us if you have any questions.