

To Request a Container From Storage Instructions 1.17.13

Email or **Fax** to A-1 a Request for Container Retrieval form (see example below) with the following information:

1. Date:
2. Company Name:
3. Department Name: Doctor Name: (if applicable)
4. Requested by:
5. Delivery Address: (select requested service) "Deliver to customers facility"
 Suite / Room #: "Customer to P/U at Warehouse Dock"
6. Email:
7. Telephone and Fax numbers:
8. Requested Delivery / Pick-up Date(s), Hours Available and Lunch Hour
(For RUSH orders of 4 hours or less, add'l charges apply)
9. Record Container Barcode number
10. List any Specific Requirements or Comments



Ph. (573) 364-2100 / Fax (573) 364-8359 / everyone@a1moving.net

REQUEST FOR CONTAINER RETRIEVAL FROM STORAGE

Date:	1/17/2013			for office use only
Company Name:	123 Med Center			Entered: _____
Department Name:	H.R	Dr. Name:	Johns	Follow-up: _____
Requested By:	Jane Doe			By: _____
Delivery Address:	1050 w. Center Blvd.		Deliver to customer's facility	#: _____
Suite / Room #:	H.R. room 163	X	Customer to pick-up @ w/h dock	
Email:	jdoe@123mc.com			
Phone:	(111) 555-1212	Fax:	n/a	X
Requested Delivery /Pick-up Date (s):	1/17/2013	Hours Available:	1:00 PM	Lunch Hr: 11:30 - 12:30

Containers Barcode Number	Containers Barcode Number	Containers Barcode Number
654321		
654322		
654323		
654324		
654325		

Specific requirements:

Need ASAP