

To Input a New Container Into Storage Instructions 1.17.13

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

- 1 . Date:
- 2 . Company Name:
- 3 . Department Name: Doctor Name: (if applicable)
- 4 . Requested by:
- 5 . Pick-up Address: (select requested service) "Pick-up at customers facility"
 Suite / Room #: "Customer delivers to Warehouse Dock"
- 6 . Email:
- 7 . Telephone and Fax numbers:
- 8 . Requested Pick-up / Delivery 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 NEW CONTAINER INPUT INTO 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: _____
Pick-up Address: 1050 w. Center Blvd. X P/U @ customer facility	#: _____
Suite / Room #: H.R. room 163 Customer delivers to w/h docks	
Email: jdoe@123mc.com	
Phone: (111) 555-1212 Fax: n/a 	RUSH (Add'l Charges Apply)
Requested Pick-up / Delivery Date (s): 1/18 - 25/13 Hours Available: 9 - 4:00 Lunch Hr: 11:30 - 12:30	

Containers Barcode Number	Containers Barcode Number	Containers Barcode Number
1234567		
1234568		
1234569		
1234570		
1234571		

Specific requirements:

please call Jane with e.t.a.