

# To Request a Return of a Container to Storage Instructions 1.17.13

**Email** or **Fax** to **A-1** a **Request for Container Return** 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](mailto:everyone@a1moving.net)

## REQUEST FOR CONTAINER RETURN TO 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.	<span style="border: 1px solid orange; display: inline-block; width: 50px; height: 15px;"></span>	P/U @ customer's facility	#: _____
Suite / Room #:	H.R. room 163	<span style="border: 1px solid orange; display: inline-block; width: 50px; height: 15px;"></span>	Customer delivers to w/h dock	
Email:	<a href="mailto:jdoe@123mc.com">jdoe@123mc.com</a>			
Phone:	(111) 555-1212	Fax:	n/a	<span style="border: 1px solid orange; display: inline-block; width: 50px; height: 15px;"></span> RUSH (Add'l Charges Apply)
Requested Delivery /Pick-up 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	654322	
1234568	654323	
1234569	654324	
1234570	654325	
1234571		
654321		

**Specific requirements:**
