SERVICE REQUEST FORM

Complete this form to receive an accurate quotation.

CLIENT INFORMATION

Full Name: _____

Company: _____

Phone: _____

Email: _____

SERVICE REQUIRED

- ☐ Home Move
- ☐ Office Move
- ☐ Furniture Transport
- ☐ Local Delivery
- ☐ Industrial Cleaning Supplies
- ☐ Household Cleaning Supplies

JOB DETAILS

Pickup Address: _____

Delivery Address: _____

Preferred Date: _____ Preferred Time: _____

ITEMS / REQUIREMENTS

Describe the items, products or services required:

_____

_____

_____

ADDITIONAL NOTES

_____

_____

BT LOGISTIX

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