NOR-CAL MOVING SERVICES

Instruction Sheet

REG #	

☐ VIP ☐ Rush

OA Name		DA Name		Sales Person		Sales Person #		Date	
Agent #		Agent #		Packing Dates		Agreed Delivery Date		Weight Limit	
OA Tel #		DA Tel #		Move / Load Dates		Deliver To Residence Date		PDP #	
Date into SIT Origin	☐	Date out of SIT Destination	☐			Unpack / Debris Pickup Date			

Inter/Intrastate Move				Local Move			
Rate / GRR Rate		Estimated Weight		Valuation		Estimated Weight	
Total Estimated Charges		Valuation		# Hours		# Vans	# Men
Miles		Special Requirements ○ Yes ○ No		Hourly Rate		Vehicle Required	Special Requirements ○ Yes ○ No

Account	APN #	
	Discount %	
	Contract #	
○ Charge Account ○ C.O.D.		

○ Cash ○ Prepaid ○ Credit Card ○ Certified Check ○ Signed Authorization Form Attached

Source of COD Sales Lead			
	○ Self Generated	○ LMP Lead _____	○ Other Referral _____
	○ Post Card	○ Website	○ Account Referral
	○ Repeat Customer	○ Real Estate Referral	○ VIP _____

Name		**Name**	
From		**To**	
Email		Email	
Telephone #		Telephone #	
Extra Pick-Up		Extra Delivery	
Delivery From Storage Address			

Counts	Container	
	Dishpack	☐ PBO
	1.5	☐ PBO
	3	☐ PBO
	4.5	☐ PBO
	6	☐ PBO
	Wardrobe	☐ PBO
	Mirror	☐ PBO

Counts	Container	
	Crib	
	Single	
	Double	
	King / Queen	
	TV _____	☐ PBO
	Lamp	☐ PBO
	Barrel, Drum, Etc.	☐ PBO

Number	Accessorial	Origin	Destination
	Flights / Stairs	☐	☐
	Elevator	☐	☐
	Long Carry	☐	☐
	Extra Labor	☐	☐
	Piano / Organ	☐	☐
	Shuttle	☐	☐
	Parking Permit	☐	☐
	Appliance _____	☐	☐

Crates	Item	Length x Width

NOTES / REMARKS ☐ Paper Prepped ☐ Remarks Updated