



Equipment Move Request Form

OB#

Requested Move Date _____

Dealer name _____

Date _____

Pick Up Location:

Delivery Location:

Company Name _____

Company Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Contact Name & email _____

Contact Name & email _____

Phone _____

Phone _____

Stairs: Yes _____ No _____

Special Delivery Times: _____

Other Special Instructions:

Below to be Completed By Administration

Model	ID#	Serial #	Meter	Dept
Model	ID#	Serial #	Meter	Dept
Model	ID#	Serial #	Meter	Dept
Model	ID#	Serial #	Meter	Dept
Model	ID#	Serial #	Meter	Dept

Billable Price: **\$165.00 Per Hour** x _____ = \$ _____
 with a one hour minimum # of Hours Total

Invoice Customer

Invoice Dealer

Name & Title _____

dealer name/address for Bill To

Dealer Acceptance Signature

Date Customer Signature & Printed Name