

Relocation Quote & Agreement Form

Pick-Up Information

Delivery Information

Pick Up Date & Hours: _____

Delivery Date & Hours: _____

Company Name: _____

Company Name: _____

Main Contact: _____

Main Contact: _____

Alternate Contact: _____

Alternate Contact: _____

Address: _____

Address: _____

Room/Suite/Floor: _____

Room/Suite/Floor: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Fax: _____

Fax: _____

Residence: Yes or No

Residence: Yes or No

Tractor/Trailer Accessible: Yes or No

Tractor/Trailer Accessible: Yes or No

Loading Dock: Yes or No

Loading Dock: Yes or No

Stairs: Yes or No (Qty: _____)

Stairs: Yes or No (Qty: _____)

Equipment Model: _____

Serial #: _____

Lease Return / Order #: _____

Additional Info _____

The relocation quote is based on the information provided on this form by the customer. If MDI encounters conditions not noted on the this form (i.e. Stairs, Tracking, Delays, Poor Info), we reserves the right to adjust this quoted amount to cover additional costs. All relocates are COD, we accept company checks, cash, and all major credit cards (3% credit card fee will be added).

Total Quoted Amount: _____

The Equipment listed above will be insured for \$3.25 per lb, per piece while in transit

Customer Authorization

I hereby authorize the above relocation based on the quoted amount, as well as any additional charges if deemed necessary.

Name: _____

Date: _____

Title: _____

P.O.# _____

Type: _____ Credit Card # _____ Exp. Date: _____ CSV # _____

PLEASE FAX BACK COMPLETED FORM TO MDI TRANSPORTATION SYSTEMS - (630)285-2100

Date Received: _____

Date MDI Sent: _____

Date Returned By Customer: _____