

## **Customer Information Form**

Thank you for your order. To begin manufacturing, please complete below and return to your sales rep.

Proposal / Order # :		_ Date:
Sections with an Asterisk (*) are REQUIF	RED. This form is fillable,	so it can be filled out right from most PDF Viewers.
	<b>Delivery De</b>	tails
SHIP TO*:		
Company*:		_ Contact*:
Address 1*:		Phone*:
Address 2:		Cell:
City*:	State*:	Email*:
Zip*: Country*:		
SHIP DATE*:		
Ship ASAP When Finished	Later Ship Date:	
(Orders will be shipped as soon as they are finished and ready for shipment. Please be aware that any delays caused by late balance payments or other unfulfilled order obligations could lead to the imposition of storage fees.)	please specify that date above. We worder. If approved, our production tea	e that differs from the initial estimated lead time provided by your sales representative, ill assess and either approve or decline your requested date when you place your m will adjust the start of production to ensure your order can be completed in time for ortant to note that the date you provide is a target date, not a guaranteed one. Our your order as close to the target date as possible.)
DELIVERY TYPE*:		
Standard (delivery location has a	a loading dock/forklift)	Residential Area (fees may apply)
Special Delivery Requirements	(additional fees will a	pply)
Lift Gate PBV* (no dock/lift)	Appointme	nt Other:
*Priced by volume. Minimum fee \$173. Rates may va	ry. *Starts at \$61.00	
Delivery Instructions:		
CONFIRMATION OF CUSTOMER IN	IFORMATION (please s	ign below)
Company:	Name	<b>:</b>
Signature:	Date:	
RETURN COMPLETED FORM TO*:		

**Email:** Patrick.McAllister@TURNSTILES.us and your sales representatives