Sheet1

Contact Information				
Company Name:				
Contact's Name:				
Conact's Title:				
Contact's Department:				
Contact's Office Phone:				
Contact's Ext:				
Contact's Mobile Number:				
Contact's Email:				
Pickup Address				
Pickup Address 1:		State:		
Pickup Address 2:		Zip:		
City:		Country:		
	Location and I			
Loading dock available?		Dock accessib	ole by 53' semi?	
Forklift available?		Do you have some one on site who can operate the forklift?		
Truck with lift gate required?		Do you have people on site who can help load the truck?		
What days and times are pick ups possible (example: 8am-5pm, Monday-Friday closed 12pm-1pm for lunch)?		Choose an option: Option 1 - TBF Computing will not be required to palletize or box-up equipment because this will be done prior to the pickup. Option 2 - TBF Computing will need to palletize or box-up equipment to prepare for shipping.		
If you palletize, what is the estimated pallet count?		Can you stretch-wrap it?		
Where in the building is the equipment?		What floor will the equipment be on?		
Is there an elevator we may use in the building?		Is it a Freight Elevator?		
Special Instructions pertaining to the pickup location:		Date that the pick up must occur by?		
Will you need a detailed inventory list once the equipment is brought back to our facility including recording of asset tags, serial numbers, etc? * Please specify what you will need.		How many workstations are in use across the whole organization?		
Do you have a spreadsheet list and/or pictures available now? *NOTE: This may result in a	n additional charge or a reduced payme	nt.		