

P O BOX 39027
QUEENSBURGH
4070
TEL: (031) 701 9493
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ACCEPTANCE FORM

FULL NAME: _____

COLLECTION ADDRESS: _____

DELIVERY ADDRESS: _____

REMOVAL DATE: _____

DELIVERY DATE: _____

CONTACT TEL NO: (W / H) _____ CELL _____

E-MAIL ADDRESS: _____

REMOVAL COST: R _____

TYPE OF INSURANCE REQUIRED: ALL RISK ~~GIT~~ - FREE (please tick cover req.)

INSURED VALUE: R _____ X _____ RATE _____

INSURED PREMIUM: R _____

STORAGE REQUIRED: YES NO (please tick)

STORAGE PERIOD REQUIRED: _____

STORAGE INSURANCE REQUIRED: YES NO (please tick)

INSURED VALUE: R _____ X 0.25 _____ RATE _____

INSURANCE PREMIUM: R _____

PACKING SERVICES REQUIRED YES NO (please tick) DATE: _____

PACKAGING REQUIRED: _____

BANKING DETAILS:

CLASSIC REMOVALS

STANDARD BANK

PINETOWN: 045-626

ACC. NO: 25 031 2115

REF: NAME ON THIS QUOTATION

PLEASE USE NAME AND SURNAME AS REFERENCE WHEN DOING AN INTERNET TRANSFER OR A DEPOSIT INTO OUR ACCOUNT.

CANCELLATION OF YOUR REMOVAL HAS TO BE PUT INTO WRITING AND SENT VIA EMAIL OR FAX; NO VERBAL CANCELLATION WILL BE ACCEPTED. A CANCELLATION FEE OF 50% OF QUOTED AMOUNT WILL BE CHARGED IF REMOVALS IS NOT CANCELLED WITHIN 72 HOURS OF REMOVAL DATE.

PLEASE NOTE: NO BOOKINGS WILL BE MADE WITHOUT AN ACCEPTANCE FORM AND A 50 % DEPOSIT OF THE TOTAL REMOVAL COST.

I CONFIRM THAT CLASSIC REMOVALS WILL DO MY REMOVAL AS PER THE QUOTATION.

DATED: _____ AND AS PER TERMS AND CONDITIONS OF THIS CONTRACT.

CUSTOMER SIGNATURE

DATE

Tracy Engelbrecht