

P O BOX 39027
QUEENSBURGH
4070
TEL: (031) 701 9493
FAX: (031) 701 3521
CELL: 083 555 1115



STORAGE ACCEPTANCE FORM

FULL NAME AND SURNAME: _____

ID NUMBER: _____

COLLECTION ADDRESS: _____

COLLECTION DATE: _____

CONTACT NUMBERS: TEL _____ CELL _____ ALTERNATE _____

FAX _____ EMAIL _____

TOTAL COS OF QUOTATION: R _____

STORAGE INSURANCE: YES / NO

VALUE _____ X 0.25% = RATE _____

STORAGE PERIOD: _____

PACKING / WRAPPING SERVICES REQUIRED: YES / NO

(PLEASE SUBMIT PAGE 7 ALONG WITH THE ACCEPTANCE FORM)

BANKING DETAILS:

CLASSIC TRANSPORT

STANDRAD BANK

PINETOWN 045626

ACC 250312115

REF NAME AND SURNAME (STORAGE)

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 REMOVAL 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 THE CONTRACT.

CUSTOMER SIGNATURE

DATE

Tracy Engelbrecht