

P O BOX 39027  
QUEENSBURGH  
4071  
TEL: 031 701 9493  
FAX: 031 701 3521  
CELL: 083 555 1115



## ACCEPTANCE FORM

FULL NAME: \_\_\_\_\_

COLLECTION ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

REMOVAL DATE: \_\_\_\_\_

DELIVERY DATE: \_\_\_\_\_

CONTACT TEL NO: (W/ H): \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

REMOVAL COST: \_\_\_\_\_

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: \_\_\_\_\_

PACKAGING 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