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QUEENSBURGH
4071
TEL: 031 701 9493
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CELL: 083 555 1115



STORAGE ACCEPTANCE FORM

FULL NAME & SURNAME: _____

ID NUMBER: _____

COLLECTION ADDRESS: _____

COLLECTION DATE: _____

CONTACT NUMBERS- TEL: _____ CELL: _____

ALTERNATE: _____ FAX: _____

E-MAIL ADDRESS: _____

TOTAL COST OF QUOTATION: _____

STORAGE INSURANCE: YES / NO

VALUE: R _____ X 0.25 _____ = RATE _____

STORAGE PERIOD: _____

PACKING / WRAPPING SERVICES REQUIRED: YES / NO

(PLEASE SUBMIT PAGE 7 ALONG WITH THE ACCEPTANCE FORM)

BANKING DETAILS: CLASSIC REMOVALS
STANDARD BANK
PINETOWN: 045-626
ACC.NO: 25 031 2115
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 REMOVALSWILL DO MY REMOVAL AS PER THE QUOTATION.

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

CUSTOMER SIGNATURE

DATE

Tracy Engelbrecht