# KEYBOARD CARRIAGE
# PICK UP AND DELIVERY INFORMATION

**CONTROL # SMRD_____ (Internal Use Only)**
***CUSTOMERS NAME: _____ (final destination) DATE: _____ (Today's Date)**
***PHONE: _____**
***NAME OF PERSON REQUESTING PICK-UP_____*PHONE_____**

**PICK UP FROM:** ***NAME: _____**
***STREET: _____**
***CITY: _____*STATE: _____ *Zip: _____**
***PHONE: _____*CONTACT: _____**

| TYPE UNIT * | FINISH * | MODEL * | SIZE * | SERIAL NUMBER * | BOXED OR UNBOXED * | BENCH YES / NO * |
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**SHIP TO:** ***NAME: _____**
***STREET: _____**
***CITY: _____*STATE: _____ *Zip: _____**
***PHONE: _____*CONTACT: _____**

**FREIGHT CHARGES INFORMATION**

***TOTAL FREIGHT CHARGES: $_____**

*****MAKE FREIGHT PAYABLE*****
**AT PICKUP_____ AT DELIVERY_____ *PRE-PAID_____**
***If you choose Pre-Paid / Mail-in you must be pre-approved first.**
**PAYMENT MUST BE PAID CASHIERS CHECK OR MONEY ORDER**

**COMMENTS_____**
**All red **** areas must be filled in**

**FAX THIS FORM TO 614-340-7224 OR**
**E-MAIL TO: rdawson@keyboardcarriage.com**