

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

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@keyboardtech.com**