

Customer Transport
Request

Customer
Requested By _____ Date _____

Date of Collection _____ Date of Delivery _____
Time of Collection _____ Time of Delivery _____
Collection Address _____ **Delivery Address** _____

Contact Name _____ Contact Name _____
Contact Number _____ Contact Number _____

Quote Number _____ Vehicle Required _____
Customer Reference _____ Body Type _____
Description of Goods _____ Tail -lift Required _____
Number of Pallets _____
Total Weight _____
Straps Required _____ How Many _____
Sheeting Required _____

Service Required (Tick Box)	Same Day	<input type="checkbox"/>
	Next Day	<input type="checkbox"/>
	2-3 Day	<input type="checkbox"/>
	Overnight	<input type="checkbox"/>

Additional Information / Special Instructions / Restrictions _____

Returns from Delivery _____

Booked By _____
Number of Pallets _____
Description of Goods _____
Total Weight _____

ESSENTIAL REQUIREMENT:

Once you have completed this form please email to
collections@brookesdistribution.co.uk

Please Note: All consignment movements must have been received by 11.30 on day of collection, we cannot guarantee any deliveries unless this form is completed accurately and all information has been provided to us.

All consignments are carried under the terms of our conditions of carriage and or warehousing, a copy of which is available on request from our customer service by contacting 01543 226229 or by email as above.