



Please take the time to fill out this form, so we can give you a more accurate quote. The quote you will receive is just an estimate.

*****YOU WILL ONLY BE CHARGED FOR HOWEVER LONG THE JOB TAKES*****

The clock only starts once we arrive at your pickup location and ends once we are done the job at your destination.

*****AFTER FILLING THIS OUT NEATLY, PLEASE EMAIL BACK TO US WITH PICTURES OF EACH ROOM*****

CONTACT INFORMATION

FULL NAME	CELL NUMBER	OTHER NUMBER	EMAIL ADDRESS

PICK UP ADDRESS

UNIT	STREET	CITY	PROVINCE	POSTAL CODE

NEW ADDRESS

UNIT	STREET	CITY	PROVINCE	POSTAL CODE

MOVING DETAILS

MOVING DATE	TYPE OF MOVE (CIRCLE ONE)	
	LOCAL / LONG DISTANCE / INTERNATIONAL	
TYPE OF RESIDENCE (CIRCLE ONE)		IF OTHER (PLEASE SPECIFY)
APARTMENT / HOUSE / OFFICE / OTHER		
NUMBER OF ROOMS (IF APPLICABLE)	STAIRS OR ELEVATORS (IF YES PLEASE SPECIFY)	
	YES / NO	

INVENTORY DETAILS

ESTIMATED NUMBER OF BOXES NEEDED	DO YOU REQUIRE PACKING SERVICES	DO YOU REQUIRE UNPACKING SERVICES
	YES / NO	YES / NO
FURNITURE ITEMS (PLEASE LIST MAJOR ITEMS AND QUANTITIES EX. SOFA, DINING TABLE, CHAIRS, BED, ETC.)		
SPECIAL ITEMS (PIANO, POOL TABLE, ETC.)		
DO YOU REQUIRE STORAGE SERVICES	ANY FRAGILE ITEMS (IF YES PLEASE SPECIFY)	
YES / NO	YES / NO	

ADDITIONAL SERVICES

DISASSEMBLY/REASSEMBLY OF FURNITURE	TEMPORARY STORAGE	CLEANING SERVICES	INSURANCE COVERAGE
YES / NO	YES / NO	YES / NO	YES / NO

OTHER INFORMATION

PREFERRED METHOD OF CONTACT

PHONE / EMAIL

ADDITIONAL COMMENTS OR SPECIAL REQUESTS

*****BY SIGNING BELOW, I CONFIRM THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE*****

NAME: _____ **SIGNATURE:** _____
(PLEASE PRINT CLEARLY) (SIGN HERE)

DATE: _____
(MM / DD / YYYY)

*****AFTER FILLING THIS FORM OUT, SCAN IT, OR TAKE VERY CLEAR PICTURES, MAKE SURE EVERYTHING IS READABLE, AND EMAIL THIS FORM AND PICTURES OF THE ROOMS/ITEMS THAT ARE TO BE MOVED TO THE EMAIL ADDRESS ON THE UPPER RIGHT HAND CORNER OF PAGE 1*****

