



INDIVIDUAL MOVE FORM INFORMATION SHEET

CUSTOMER INFORMATION

DATE: ____/____/____

CUSTOMER NAME: _____

CUSTOMER NUMBER: _____

LOCATION OF HOME: _____

CITY: _____ STATE: _____ ZIP _____ COUNTY: _____

ADDRESS WHERE HOME IS GOING: _____

CITY: _____ STATE: _____ ZIP _____ COUNTY: _____

DATE NEEDING MOVED: ____/____/____

HOME INFORMATION

YEAR: _____ MANUFACTURER: _____ MODEL: _____

SIZE: _____ X _____ SERIAL #: _____

HUD #S: _____

SIDING: VINYL ? YES NO HARD BOARD? YES NO METAL? YES NO

HITCH: YES NO DO YOU OWN THE HOME? YES NO

AXELS: YES NO ARE YOU PURCHASING THE HOME? YES NO

SKIRTING? YES NO IS ANYONE LIVING IN THE HOME? YES NO

PORCHES? YES NO

ACE OFFICE USE:

DATE DELIVERED: ____/____/____ AMOUNT QUOTED: \$ _____