



## Delivery Request

### Store name

Client Name:

Address:

City:  
(Municipality)

Requested Date:  
(optional)

Phone Number:

Email Address:  
(optional)

### Delivery Type

Setup & Remove Packaging

Setup Only

Drop Only

### Payment Method

C.O.D

Prepaid

### Pickup Location

Store Front

Warehouse

### Item Details

1)

2)

3)

4)

5)

Qty

Ref#

### Special Instructions