



CLIENT DELIVERY

AGENCY TO FILL OUT Sections 1, 2, 3, 4, and optionally 7 if additional comments are required

DATE RECEIVED **PROCESSED BY**

1. AGENCY

Order No.

Contact Person

Mobile

Email Address

2. CLIENT

Name

Mobile

Number of people

Gender M/F

Age (babies BB, child 01, 03 etc)

Aboriginal/TS

Non-Aboriginal/TS

Homeless

Domestic Violence

Other

3. LIST ITEMS REQUIRED

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4. DELIVERY DETAILS

Address:

House

Unit

Stairs

Additional Information

5. DELIVERY DATE

Day/Date:.....Approx. Delivery Time:.....

6. DELIVERY FEE (to be paid by Agency*)

\$100

\$150

\$200

\$250

PICK UP from warehouse \$75

Other:.....

***NOTE: We look to the Agency for payment. If you require your client to pay, then it is up to you to obtain the fee charged from him/her (up front if necessary), as we do not deal direct with the client.**

7. ADDITIONAL INFORMATION

8. DELIVERY DRIVER COMMENTS

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9. ADMIN COMMENTS

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