

## PRE-DELIVERY QUESTIONNAIRE

\* Required Fields

Date

### Delivery Address:

Business Name\*

Street\*

Town/City\*

County

Post Code\*

Order No: **SO**

### Contact on site:

Contact Name 1\*

Contact 1 Tel\*

Contact 1 Email\*

Contact Name 2

Contact 2 Tel

Contact 2 Email

***Our standard delivery hours are 0800-1700. For timed deliveries surcharges will apply.***

### Delivery Information - please complete all questions in section 1

#### SECTION 1 Delivery

Opening hours\*

#### Parking Availability\*

Free Car Park

Chargeable Car Park

On The Road At Entrance

No Parking Other:

Delivery Vehicle Restrictions\*    No    Yes    Details:

Steps Street to Ground Floor\*    No    Yes    Details:

Doorway Restrictions\*    No    Yes    Details:

#### SECTION 2 Installation

Install to Floor\*    Ground Floor    1st    **2nd**    3rd    **Other:**

Lift Available?\*    No    Yes

Are stairs available?\*    No    Yes    Choose type of stairs

Location of Couch

Name\*

Signed\*

Once signed document will not be editable

Contact Number\*

Date

**This information is required so we can comply with Health and Safety regulations. Failure to provide accurate information, which results in us being unable to deliver, will incur additional charges.**

We are happy to quote for the removal of an old couch.