

QUOTATION ACCEPTANCE FORM

I request you to carry out the removal of my effects, as per instructions set out here, for the sum of Dhs. _____
as per your quotation dated _____.

NAME (IN FULL)

TEL NO

COLLECTION ADDRESS

DELIVERY ADDRESS

TEL NO

TEL NO

REQUIRED PACKING DATE(S):

BILLING INFORMATION

Are move costs to be paid by your COMPANY/YOURSELF. If the company is paying please detail where invoice is to be sent.

ATTN:

TEL NO:

FAX NO:

INSURANCE

Insurance is required for Dhs. _____. The completed insurance form is attached/to be forwarded.

Note: If insurance is required a completed insurance proposal form must be submitted to effect cover. If insurance is not required please state 'nil' above.

SPECIAL INSTRUCTIONS (OTHER INFORMATION)

SIGNATURE:

DATE: