

Gardner Glass Products, Inc.



NEW CUSTOMER DELIVERY INFORMATION

1. COMPANY INFO

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

2. DELIVERY INFO

IS THE NAME ON THE BUILDING THE SAME AS THE COMPANY NAME ABOVE? IF NOT, PLEASE PROVIDE NAME ON THE BUILDING FOR DELIVERIES:

RECEIVING PERSON'S NAME: _____ PHONE: _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RECEIVING DAYS: SUN MON TUE WED THU FRI SAT

RECEIVING HOURS: _____ TO _____

3. EQUIPMENT

What type of unloading equipment do you have?

Overhead Crane Forklift (weight capacity _____ lbs) None

Will this require a knuckle boom truck to unload your order? Yes No

Can you accept rail-boom deliveries? Yes No

Will delivery driver have to back into your building? Yes No

Garage door delivery? Yes (door height _____ and width _____) No

How will product be stored? Stationary Racks Rolling Wagons / Carts

Metal Racks Lean product against wall or other structure.

NOTE: GARDNER GLASS DOES NOT SET PRODUCT ON SPLIT "T" DOLLIES