

Please fill in the following information and fax this form to (619) 463-2940

COMPANY INFORMATION

Company Name

Address

Building Number/Suite

City

Zip Code

Number of Employees

CONTACT INFORMATION

Contact Name

Direct Phone # Fax #

E-mail Address

PICKUP/DELIVERY INFORMATION

Preferred Area for Pickup & Delivery Service

Special Delivery Instructions (Include Map if needed):

Is this an attended location? Yes No

Do you want to set up a regular pickup & delivery service? Yes No

If Yes, how often? Once a week Twice a week Other _____

Signature

Print Name

Date