

TAKE - OFF REQUEST

July 2008

PLEASE ALLOW 3 TO 5 DAYS TO COMPLETE

MM | DD | YY
Today's Date

MM | DD | YY
Due Date

MM | DD | YY
Bid Date

CUSTOMER INFORMATION

Company Name

()

Phone Number

Contact Name

()

Fax Number

Job Name

State

SPECIAL INSTRUCTIONS

EMPLOYEE INFORMATION

INTERNAL USE ONLY

Employee Name

()

Phone Number

Store Location

()

Fax Number

How Are You Sending These Plans?

ATTACH REQUEST TO EACH SET OF PLANS

- Transfer Truck Customer dropped off at Support Office or Customer Delivery
 Carrier-UPS

FAX OR EMAIL REQUEST PRIOR TO EMAILING OR SCANNING PLANS

- Emailing number _____ of pages
 Scanning number _____ of pages

Please label each sheet (ex: Joe's Office Bldg, pg 1 of 3)

Where Do You Want The Quote(s) Delivered?

Fax to Customer Fax to _____ @ ()
Fax Number

Call Customer Call Sales Rep Other: _____

Would The Customer Like The Plans Back

Yes, Call Customer Yes, Return Plans to Store No

Yes, Call Sales Rep to Deliver Other: _____