Source Furniture Freight Requirement Questionnaire

- Freight Quotes are valid for 30 days, after 30 days it must be re-quoted.

- Changes such as increase/decrease of items will require a re-quote.

- We do not accept damage claims due to shipping damages if you have solicited your own Transportation Carrier. You must handle those claims directly with your Transporter.

- Customers are responsible for unloading their own orders on Half or Full Truck Loads. Customers with LTL / Lift Gate orders must have personnel ready to receive the product at curbside.

1. Preferred On-Site Date: _____/_____/_____

2. x☐ Commercial ☐ Residential (Please circle one choice)

3. Lift Gate Required Yes No

Lift Gate is the platform that lowers the goods to the ground, commonly used when a loading dock is not available. (All Residential Deliveries must check YES to Lift Gate. *Note that loads that are larger than an LTL load require half or full trucks which **do not** have Lift Gates. In order to accommodate a Lift Gate for large loads they must be done in multiple LTL loads.

4. Is there Limited Access? Yes

Limited Access can be any one or more of the following:

Alleyways, (Strip mall, Strip plaza, Building with a Suite #) one-way streets, standalone restaurants, narrow streets – If you are not sure, check YES as the cost triples if it is determined after the fact. (This is the customer's responsibility)

5. Is this a Hotel/Resort/Suites/Country Club? No

6. Will you require a "Call Ahead"? Yes

7. Will you require a specific delivery time? Yes No

- If Yes to #7. Please note that if your shipping location requires a specific delivery time you must handle your own Freight with an independent Freight Carrier of your choice. _____ (Customer Initials) *Ex.: "Your scheduled shipment delivery time is 3:00 PM"*

Provide the Shipping Contact info to receive TRACKING NUMBER and correspondence

Shipping Contact Name: _____

Tel: _____ Tel: _____

Email 1: _____

Email 2: _____

Goods are being shipped to:

Location Name:

___SPECTRUM_____

Street: _1122 LONGFORD RD_____

City: ____PHOENIXVILLE_____ State_PA_____

Zip__19460_____ Tel: _____ Email: _____