

MOTM CUSTOMER PROFILE

*Cell Phone _____

Referred By _____

Truck Number _____

Time _____ AM / PM

Caller _____

Phone (home) _____ (work) _____ Ext: _____

Date of Move _____ Re-Confirm By _____

Method of Payment: Cash _____ Check _____ Certified Check _____ Credit Card _____

Date of Call _____ EMAIL _____

PRESENT ADDRESS (Load) Apt? / Home?

STOPS (in betwn)

MOVING TO (Unload) Apt? / Home?

Stairs Y/N _____

Stairs Y/N _____

Stairs Y/N _____

Accessibility _____

AcS _____

Accessibility _____

Are you doing your own packing? Y/N

ITEMS MOVING:

Bedroom(s) _____

Living Room _____

Den _____

Dining Room _____

Sunroom/Brkfst _____

Kitchen _____

Desks _____

Armoires _____

Work Benches _____

Other _____

Other _____

Patio _____

Office _____

Garage _____

Basement _____

Refridg _____

Washer _____

Files _____

Chairs _____

Exercise Equip. _____

Other _____

Other _____

*Boxes _____

Piano _____

Pool Table _____

Grandfather Clock _____

Freezer _____

Dryer _____

Credenzas _____

OD Toys _____

Large Tools _____

SAFE _____

Riding Mowers _____

**SPECIAL HANDLING Items _____

What are your BIGGEST-HEAVIEST items: _____

*Square Footage _____

Scheduler: Tiffany

Guys

Prep Time _____

Rate\$ _____

Price\$ _____ up to _____ lbs.

Minimum _____

Valuation \$ _____

Comments: _____

Directions:
