

# **CABINET WHOLESALERS, INC.**

## **DELIVERY REQUEST FORM**

(Please fax to 770-737-5576 or email to [deliveries@cabinet-wholesalers.com](mailto:deliveries@cabinet-wholesalers.com))

Form will be returned if not filled out completely

(Please Print)

Company Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Purchase Order Number(s) \_\_\_\_\_

### **Delivery Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact Phone Numbers:** \_\_\_\_\_ and \_\_\_\_\_

Person(s) at Site to Accept and Unload Delivery: \_\_\_\_\_

Requested Delivery Date \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*\*\*

### **Cabinet Wholesalers, Inc. Delivery Policy:**

**Tailgate Delivery:** The customer is responsible for moving product from the back of the truck to the installation site.

**Delivery Site:** The driver will get as close to the job site as he deems accessible, secure, and safe.

**Payment:** Payment is due prior to or at time of delivery. Please call our office for a quote. A base fee of \$250 will apply for areas within a 75-mile radius of Jasper. Additional fees may apply based on mileage and/or delivery situations. Cabinet Wholesalers, Inc. accepts business and personal checks. We do not accept payment by credit card.

**Scheduled Delivery:** If payment is not received at delivery, your order will be returned and held at our warehouse. You may be assessed a redelivery or handling charge if you choose to pick up your order at our warehouse. **Deliveries are scheduled for Wednesday of each week.**

I understand and agree to the policy as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This policy is effective as of May 5, 2007 and supercedes any and all previous delivery policies*

5/3/07