

**Cleave Removals Pty Ltd**

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**QUOTATION QUESTIONNAIRE**

Please complete the Inventory sheet and this Questionnaire to help us prepare an accurate quotation for you.

1/ **NAME:** \_\_\_\_\_

2/ **CURRENT / PICK-UP ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

2a/ **ACCESS DETAILS:** \_\_\_\_\_ **GROUND FLOOR:** \_\_\_\_\_ **YES / NO**

3/ **HOME PHONE No.:** ( ) \_\_\_\_\_ **WORK PHONE No.:** ( ) \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_ **MOBILE No.:** \_\_\_\_\_

4/ **APPROXIMATE PICK-UP DATE:** \_\_\_\_\_

5/ **DELIVERY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

5a/ **ACCESS DETAILS:** \_\_\_\_\_ **GROUND FLOOR:** \_\_\_\_\_ **YES / NO**

6/ **APPROXIMATE DELIVERY DATE:** \_\_\_\_\_

7/ **Will the Delivery be to:** a/ **Residence**   
b/ **Storage Facility**

8/ **Is it a:** a/ **Private Account**   
b/ **Company Account**

9/ **If it is a Company Account:** Name of Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
*(If a company, an official order or Letter of Authority is required)*

10/ **Do you require packing by Cleave Removals?** **YES / NO**  
**FULL**  **BREAKABLES ONLY**  **PARTIAL**

11/ **Your estimation of packing required:** a/ **Standard Cartons**   
b/ **Book & Wine Cartons**   
c/ **Porta Robes (hanging of clothes)**

12/ **Insurance Required?** **YES / NO**  
*If YES, complete the attached Insurance Declaration, sign and return with this form to our office.*

13/ **Do you need to relocate :**  
**CAR:**  **TRAILER:**  **CARAVAN:**   
**BOAT:**  **PET/S:**  **MOTORBIKE:**

**IF YOU REQUIRE ANY FURTHER INFORMATION PLEASE DO NOT HESITATE TO CONTACT US.**