



FAX ORDER FORM
 Print & Fax
 Toll Free: 800.553.6853 * Fax: 530.527.7810
 Website: www.bulldogca.com Email: customerservice@bulldogca.com

QUOTE REQUEST ONLY

Bill to Agent C.O.D. To Shipper

* P.O. or Reg. # _____

***MUST PROVIDE REG. # IF BILLING TO VAN LINES**

ORIGIN SERVICES

Mover: _____

Person Authorizing Service: _____

Phone #: _____ Ext: _____

Email: _____

DESTINATION SERVICES

Pack Date: _____ Load Date: _____

Transferee: _____

Orig. Address: _____

City: _____ St: _____ Zip: _____

Origin Phone #: _____

Additional Phone #: _____

Delivery Date: _____

Transferee: _____

Dest. Address: _____

City: _____ St: _____ Zip: _____

Dest. Phone #: _____

Additional Phone #: _____

	Origin	Dest					
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Top Loading	<input type="checkbox"/>	Front Loading	<input type="checkbox"/>	Locking Kit Authorized Yes <input type="checkbox"/> No <input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Special Instructions _____ _____ _____
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	Waterline Auth-(Dest)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Grandfather Clock	<input type="checkbox"/>	<input type="checkbox"/>	Crate/Uncrate Clock	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Pool Table	<input type="checkbox"/>	<input type="checkbox"/>	Crate/Uncrate Slate	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Chandelier	<input type="checkbox"/>	<input type="checkbox"/>	Put Up Replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hgt. _____'	
Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	Put Up Replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hgt. _____'	
Wall Unit/Shank	<input type="checkbox"/>	<input type="checkbox"/>	Describe	_____			
Plasma/LCD TV	<input type="checkbox"/>	<input type="checkbox"/>	Crate <input type="checkbox"/>	Uncrate <input type="checkbox"/>	Pedestal <input type="checkbox"/>	Wall Mount <input type="checkbox"/>	Screen Size _____"
Piano-Baby Grand	<input type="checkbox"/>	<input type="checkbox"/>	Lock Keyboard <input type="checkbox"/>	Unlock Keyboard <input type="checkbox"/>	Prep for Crating <input type="checkbox"/>	Crate <input type="checkbox"/>	Uncrate <input type="checkbox"/>

*****Are Items to be Exported Outside the USA Yes No *****

******* Extra Crates Needed Not Listed Above *******

Item 1- _____	X	X	Item 6- _____	X	X
Item 2- _____	X	X	Item 7- _____	X	X
Item 3- _____	X	X	Item 8- _____	X	X
Item 4- _____	X	X	Item 9- _____	X	X
Item 5- _____	X	X	Item 10- _____	X	X

Additional Note: _____

