



DJO LTL / Truck Shipment Information Sheet for **White Glove Services**

Thank You For Your Pick Up / Delivery Information.

In order to ensure an accurate and safe Pick Up and or Delivery please complete the following information below.

Upon completion please either email chattorders@djoglobal.com or Fax to 800.242.8329

Customer _____

RA # / Order # if applicable _____

Pick Up/Delivery Address _____

Delivery Information for White Glove Services

A Quote will be required and approval needed, upon approval charges will be added to your invoice.

Quoted price(s) based on accessorials and services requested below. Quotes are honored for 30 day from the date given.

1. What level of White Glove Services are Required?

Please check the following:

☐

Inside Delivery

☐

Two man delivery

☐

Liftgate

☐

Packaging Material and Debris Removed

☐

Light assembly

☐

Room of Choice

☐

Notification

☐

Other

☐

Residential

Additional charges may apply

1. What are the receiving hours?

2. If Inside Delivery is required above what floor will the delivery be made on?

3. Is there an elevator at the delivery location?

7. What is the door size of the elevator?

Width

Yes

No

Open

Close

Height

Depth

11. Location contact _____

11. Phone # _____

12. Email Address _____

12. Fax # _____

13. Your name _____

13. Phone # _____

14. Is there any additional instructions? _____

For internal use only.

Quote Date: ____ / ____ / ____ Quote Amount: \$ _____ Carrier _____ Quoted By: _____