



## DELIVERY INSTRUCTIONS FORM

**Deliveries are drop off & pick up only. 204 is not responsible for moving any furniture.**

**Additional fees may incur if all items are not broken down and placed in the same location as drop off.**

**If additional labor is required via stairs, elevators, long carry, etc., please discuss options with your sales rep.**

Company Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Delivery Location (Venue / Private Residence): \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Delivery Date & Time: \_\_\_\_\_

Pick Up Date & Time: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

### DELIVERY INSTRUCTIONS:

**Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Parking (Easy Access)   | <input type="checkbox"/> No Parking                  |
| <input type="checkbox"/> Ground Floor Delivery   | <input type="checkbox"/> Stairs or Elevator Required |
| <input type="checkbox"/> Loading Dock            | <input type="checkbox"/> Long Carry                  |
| <input type="checkbox"/> Drop Off & Pick Up Only | <input type="checkbox"/> Setup Needed                |
| <input type="checkbox"/> Vaccination Required    |  |

NOTES: \_\_\_\_\_

I acknowledge that I have filled out this form to the best of my ability.  
If there are any updates or changes made after this form is submitted, please contact your sales rep.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_