WHITE GLOVE DELIVERY

PREMIUM HANDLING

Invoice #: _____
Date: _____

PROVIDER

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

CLIENT / RECIPIENT

[Customer Name]
[Delivery Address]
[City, State, Zip]
[Phone Number]

PICK-UP LOCATION

[Origin Name/Address]

SCHEDULED WINDOW

[Date] | [Time Range]

Service Description	Qty	Rate	Amount
White Glove Delivery (Inspection, Assembly, Placement)			
Debris Removal & Packaging Disposal			
Multi-Man Lift / Stair Carry Charge			

Service Description	Qty	Rate	Amount
Insurance / Valuation Coverage			

Subtotal: $0.00
Tax: $0.00
Total: $0.00

TERMS & SIGNATURE

Payment is due upon completion of delivery. By signing below, the recipient acknowledges that items were inspected and received in satisfactory condition.

Customer Signature

Date