WHITE GLOVE DELIVERY

123 Luxury Way, Suite 100
Premium Logistics City, ST 90210
contact@whiteglove.example

INVOICE NO: _____

DATE: _____

ORDER REF: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Email: _____

DELIVERY ADDRESS

_____
_____
_____

Item Description	Qty	Handling Class	Unit Price	Total

Item Description	Qty	Handling Class	Unit Price	Total

Subtotal: $_____
White Glove Service: $_____
Insurance: $_____
TOTAL: $_____

SERVICE CHECKLIST

[ ] Inspection & Unboxing [ ] Room-of-Choice Placement [ ] Assembly & Setup [ ] Debris Removal

Customer Signature / Date

Delivery Lead Signature

Thank you for choosing our White Glove service. Please report any discrepancies within 24 hours.