

Complete Office Solutions, Inc.

EQUIPMENT RELOCATION REQUEST

Step 1: Please fill out top half and fax to 626-329-4811

Business Information	Company Name		Requested Date for Movement	
	Pick Up Address		Stairs: Yes No	Elevator: Yes No
	Delivery Address		Stairs: Yes No	Elevator: Yes No
	Contact Name	Phone Number	Fax Number	

Equipment Information	Make & Model	Equipment ID#	Comments:
		Finisher: Yes No	
	Make & Model	Equipment ID#	Comments:
		Finisher: Yes No	
	Make & Model	Equipment ID#	Comments:
		Finisher: Yes No	

Complete Office Solutions, Inc. will provide in writing the estimated cost for relocating above referenced equipment. This agreement covers only the cost of relocation. Any reconnection for printing, scanning or network faxing is specifically excluded from the cost of relocation. If customer agrees to the charges as well as the terms of this request, customer must sign authorizing line below and fax back to Complete at 626-329-4811

Step 2: For Complete Office Solutions, Inc. to Fill Out

Estimated Charges:

Step 3: By signing this request below, I acknowledge and approve the charges for the relocation of above referenced equipment. My signature also gives authorization for Complete Office Solutions, Inc. to relocate the office equipment on behalf of the company I represent. Complete Office Solutions, Inc. will not be held liable for any breach of contract if above referenced equipment is leased or otherwise owned.

Authorizing Signature: _____ **Date:** _____

Print Name: _____

Complete Office Solutions, Inc. will not be responsible for any pre-existing damage to equipment, or any pre-existing copy quality and or functionality problems.