

SKOPE New Collection Request Form

Pick Up Date:

Business Hours Time:

Business/Sender Name:

Street Address:

Suburb:

City:

Postcode:

State/Region:

Contact Person:

Contact Phone Number:

Stairs: Y N If yes, stair type (see below):

If yes, number of stairs:

If yes, minimum stair width:

Loading dock: Y N If yes, dock height limit (if below 3.5m):

If yes, number of stairs:

Is there alternate parking if under 3.5m:

Minimum doorway width/height:

Parking/time restrictions:

Depot to return to:

Additional instruction/information:

Item (Model/Name)	Qty	Weight (kg)	Dimensions (cm)				Description & Serial (if applicable)
			W		D	H	
			W		D	H	
			W		D	H	

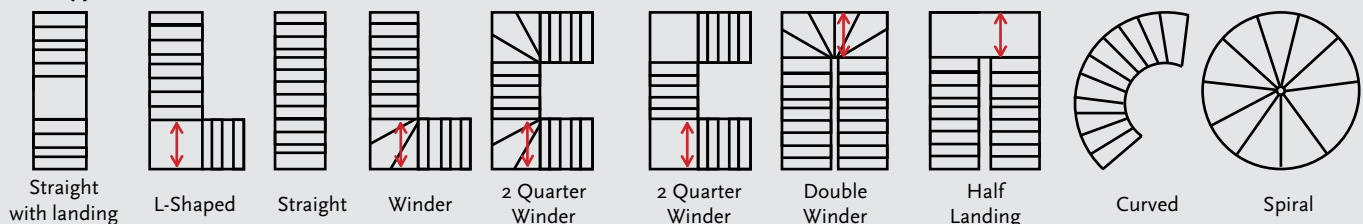
Quote Reference:

Quote Amount:

Requesting Company:

Charge To Account:

Stair Types:



Red arrow indicates where gap needs to be a minimum of 1 metre.