



QUOTATION ACCEPTANCE FORM

NAME _____ REQUESTED COLLECTION DATE _____

ORIGIN ADDRESS _____

ZIP CODE: _____ CODE ACCESS _____ FLOOR _____

TEL HOME _____ TEL WORK _____ OTHER _____

EMAIL _____

DESTINATION ADDRESS _____

TEL HOME _____ TEL WORK _____ OTHER _____

REQUESTED DELIVERY DATE _____

TEMPORARY ADDRESS OR ANY CONTACT INFO OVERSEAS _____

TEL HOME _____ TEL WORK _____ OTHER _____

DATES FROM WHICH YOU WILL BE AT TEMPORARY ADDRESS _____ / _____ / _____ UNTIL _____ / _____ / _____

DATE YOU WILL ARRIVE AT DESTINATION _____ / _____ / _____

OTHER USEFUL CONTACT INFORMATION HOTEL / COMPANY / PERSONNEL MANAGER _____

STORAGE REQUIRED? YES NO AT ORIGIN / DESTINATION - DATES REQUIRED

INVOICE / BILLING ADDRESS _____

- I CONFIRM A HEAVY GOODS VEHICLE CAN PARK IN FRONT OR NEXT TO MY HOME
- I CONFIRM MY AGREEMENT, TO PAY SHUTTLE CHARGES TO BRING A SMALL VAN TO MY RESIDENCE IN THE EVENT THE LARGE TRUCK CANNOT PARK WITHIN A REASONABLE DISTANCE TO MY HOME (30 METRES)

PLEASE NOTE: IF CHARGES ARE TO BE PAID BY YOUR PRESENT EMPLOYER A LETTER OF AUTHORISATION CONFIRMING ACCEPTANCE OF THE CHARGES AS OUTLINED IN OUR QUOTATION WILL BE REQUIRED FROM THE FINANCIAL DIRECTOR.

ANY OTHER INFORMATION THAT WE MIGHT NEED TO KNOW CONCERNING THIS MOVE? _____

****** IT IS THE SHIPPER/OWNERS RESPONSIBILITY TO OBTAIN REQUIRED PERMITS AT THE COUNTRY OF DESTINATION FOR ANY RESTRICTED OR PROHIBITED ITEMS TO INCLUDE FIREARMS, ALCOHOL, TOBACCO, FURS, AUTOMOBILES, ETC.**

I ACCEPT YOUR QUOTATION OF (DATE): _____ / _____ / _____ FOR THE RATE
OF: _____ FOR THE VOLUME OF _____ OWNER PACKS E/USA PACKS

DO YOU WANT TO TAKE OUT INSURANCE WITH EUROUSA?

YES FULL ALL RISKS INSURANCE AT _____ % OF DECLARED VALUE _____ (MIN CHARGE 80€)

NO I UNDERSTAND THAT NO CLAIMS WILL BE MADE OF ANY KIND TOWARDS EUROUSA AS I HAVE DECLINED TO PURCHASE THE INSURANCE OFFERED TO ME BY EUROUSA.

An insurance application must be completed for all insurance policies. Please read all term sand conditions of the policy.

PLEASE NOTE – YOUR GOODS ARE NOT INSURED BY EUROUSA FRANCE UNLESS YOU REQUEST AND PAY FOR THE INSURANCE COVERAGE. Insurance policies are governed by the Financial Services Agency (FSA).

I ENCLOSE PAYMENT OF A DEPOSIT FOR 30% OF THE MOVE AMOUNT _____ € PLUS VAT = _____ OR I
HAVE SENT YOU A TRANSFER FOR DEPOSIT DATED _____ FOR THE AMOUNT OF _____ + 15€ =TOTAL _____

SIGNED _____ DATE _____

ALL CHARGES ARE PAYABLE PRIOR TO SHIPPING UNLESS PREVIOUSLY AGREED IN WRITING*

- *Credit and card payments subject to 5% surcharge. All work carried out under terms and conditions of the BAR available upon request.*

CANCELLATION OR POSTPONEMENT WITHIN 48 HOURS OF SCHEDULED COLLECTION MAY BE SUBJECT TO A PENALTY
CHARGE ----- OFFICE USE ONLY----- (PL SAB) (BKG UK BOBSAB) (TCG BWS SIMSAB) (BASE RATE PRINTSAB)

PLEASE PROVIDE A CLEAR COPY OF PASSPORT OR OTHER PHOTO ID FOR ALL MOVES.