



CONROY REMOVALS LTD

INTERNATIONAL QUOTE ACCEPTANCE

CLIENT NAME: _____ QUOTATION REF: _____

I accept your quotation in accordance with the terms and conditions printed on both sides of this form.

PRICE: _____

TRANSIT INSURANCE: Please select one of the following options **(A) Yes** - Declared value, or **(B) No** - Owners risk (please tick)

(A) Yes - Please arrange transit insurance cover on my behalf as per completed insurance proposal for the declared value and cover.

Value: _____ Cover Type: _____

Signed: _____ Date: _____

(B) No - I confirm that I do not require Conroy Removals Ltd or their agents whoever they may be, to arrange transit insurance on my effects and that I have/have not arranged separate insurance cover elsewhere. I confirm that my effects will be carried and stored at owners risk.

Signed: _____ Date: _____

PACKING AND REMOVAL DATES REQUIRED: _____

UPLIFT ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mobile: _____

MY TRAVEL DATES: Depart origin: _____ Arrive at destination _____

DESTINATION CONTACT/DELIVERY ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Mobile: _____

EMAIL: _____

SPECIAL INSTRUCTIONS: _____

STORAGE: NOT REQUIRED - Please ship as soon as possible
(please tick)

REQUIRED - Please store my goods at ORIGIN / DESTINATION for _____ or UNTIL ADVISED

- At the rate of: _____

PAYMENT: I agree that all charges are payable on or before removal/shipment. And if company account payable within 7 days of invoice.

METHOD: (please circle) CASH / CHEQUE / CREDIT CARD / BANK TRANSFER / COMPANY ACCOUNT

CREDIT CARD: (Visa or Mastercard) Card No: _____ Expiry date: _____

Card name: _____

BANK TRANSFER: Conroy Removals Ltd, Bank of New Zealand, Taradale, Napier. Account - 02 0766 0021112 00

COMPANY ACCOUNT: Name: _____ Contact: _____

Postal Address: _____

Telephone: _____ Purchase Order No. _____

I confirm that I have read and agree to the terms and conditions of the agreement.

Name: _____ Signed: _____ Date: _____