



Shipping Request

Company Name:			
Facility Contact:			
Phone Number:		E-mail Address:	
Street Address:			
City, State:		Floor:	
Pick Up Date / Time:			

Asset Count		Hours of Operation:	
Site Contact (Building Manager):		Phone Number:	
Semi Accessible:		Loading Dock:	
Freight Elevator:		Passenger Elevator:	
Stairs:		Lineal Feet (dock to equipment location):	
Elevator Protection		Floor Protection	
Insurance Certificate:			
Additional Notes:			
Freight Carrier:		Quote:	

Return form to:

SCOTT BERRY	
248-454-2016	sberry@motorcitycomputer.com

Thank you for allowing Motor City Computer the opportunity to quote your logistics needs