



STEELE SOLUTIONS

Steele Solutions Pickup Request Form

Pickup Date		Pickup Time		Equipment Type		
FROM: Shipper				Shipping Contact Name		
Street				Shipping Contact #		
City		Zip Code		Shipping Contact Email		
No. Shipping Units	Unit Packaging Type	Part number		PN QTY	Purchase Order or (Purchase orders if multiple)	Comments
Special Notes						

* Please try to provide a 72hr window for all pickup requests

* Please send these pickup requests to: graham.douglas@steelesolutions.com;
james.ducharme@steelesolutions.com