

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)
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