



408 Ridgeway Dr  
Grand Junction, CO 81507  
(970) 260-6250 - (970) 255-6627 fax  
OnOurWay@TripleCrossDelivery.com

**CUSTOMER INFORMATION**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PICKUP LOCATION**

Customer/Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Requested Pickup Date & Time: \_\_\_\_\_

**DELIVERY LOCATION**

Customer/Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Requested Delivery Date & Time: \_\_\_\_\_

**SHIPMENT INFORMATION**

Description of Shipment/Freight: \_\_\_\_\_  
\_\_\_\_\_

Approx Weight: \_\_\_\_\_ # of Pieces: \_\_\_\_\_ Palletized? Yes / No

Liftgate Required? (circle one) *Pickup Location* *Delivery Location* *Not Required*

Special Handling Instructions: \_\_\_\_\_  
\_\_\_\_\_

Submitting this form to Triple Cross Delivery does not automatically constitute acceptance & agreement by Triple Cross Delivery to perform such services. We will confirm via telephone or e-mail acceptance and approximate rate to be charged.

Rates quoted are approximate based on the information provided to us. Often circumstances change, including size of shipment, location of pickup or delivery, wait times, etc. A final rate will be provided to you upon completion of the job.

Unless other arrangements are made in advance, delivery fees are to be prepaid, at the time of delivery, or at the time of pickup by check or credit card. Credit card transactions are subject to a 3% transaction fee.

Triple Cross Delivery reserves the right to limit our delivery services if the potential for damage to property or injury to our crew is too high.

Our shipping & receiving address is 463 28 1/2 Road #C, Grand Junction, CO 81501. Our warehouse is open by appointment only.

*By signing here, I agree to the terms outlined and authorize the services requested to be performed on my behalf.*

_____	_____
Signature	Date
_____	_____
Printed Name	Phone

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### **Credit Card Authorization**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC code (3 digit code on back): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ (This is an approximate delivery fee and an adjustment fee may be charged after the delivery is completed.)

I authorize this credit card to be charged as stated:

_____	_____
Signature	Printed Name