



Please supply information for both addresses, i.e., origin and destination. Once you have completed the form, please return it by email or post, and we will prepare a "Removal Quotation" based on the information supplied by you. If you have any queries, please do not hesitate to contact us.

Fields marked * are required

Client Details	
Surname *	
First Name or Initial(s) *	
Title (Mr / Mrs / etc.)	
Company Name (If applicable)	
Telephone (Day) *	
Telephone (Eve)	
Mobile	
Email Address *	
Date of removal	
Is this Date Fixed?	

Current Address	
Address *	
City / Town *	
Postcode *	
Country (If outside UK)	
House or Flat?	
Level (Ground, First Floor, etc.)	
How close can the van get to main door?	

Destination Address	
Address	
City / Town	
Postcode	
Country (If outside UK)	
Telephone (Day)	
Telephone (Eve)	
House or Flat?	
Level (Ground, First Floor, etc.)	
How close can the van get to main door?	





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The Removal Company 5 Scalloway Road, Lomond View, Cambuslang, Glasgow G72 8QF Telephone: 0141 641 4070 Email: info@theremoval-company.co.uk

Please give any other relevant information.	

Packing Requirements	
Will you require storage?	
If self-packing, how many boxes do you need?	
How many bags?	
Do you need us to pack?	
Fragiles (China, Glass, Pictures, etc.)?	
If yes, how many boxes?	
Non-Fragiles (Toys, Books, Videos, etc.)?	
If yes, how many boxes?	
Please give any other relevant information.	

Client Feedback		
We value feedback from our clients. To help us to continually improve the service we offer you, please take a moment to complete the following:		
Reason for choosing us to provide a quote.		
Where you saw our advertisement.		







Company Details

If your company is paying the account, please give their details below as we may already have an arrangement with them.

Company Name	
Address	
Email	

Inventory		
Please indicate the quantity of items to be in the removal for each type of room.		
Example:		
Armchair	2	
3-Seater Sofa	1	
Lounge / Dining Room		
Armchair		
2-Seater Sofa		
3-Seater Sofa		
Wall Unit		
Sideboard		
Bookcase		
Dining Table		
Dining Chair		
Gate Leg Table		
Coffee Table		
Nest of Tables		
Carpet		
Television		
TV Stand		
Video		
Hi-Fi		
PC		
Please provide details of any other major items in the Other Contents section further down.		







Kitchen	
Kitchen Table	
Chair	
Cooker	
Fridge	
Freezer	
Fridge / Freezer	
Washing Machine	
Tumble Dryer	
Dish Washer	
Microwave	
Bedroom(s)	
Single Wardrobe	
Double Wardrobe	
Chest of Drawers	
Bedside Cabinet	
Single Bed	
Double Bed	
Bunk Beds	
Cot	
Sunbed	
Carpet	
Garage / Outdoor	
Lawn Mower	
Bench	
Wheelbarrow	
Garden Slide	
Swing	
Garden Table	
Garden Chair	
Bicycle	









Other Contents			
Please list her	e any other major items not already included abov	e.	
			h.c. i
Item	Description	Qty	Volume (Cubic Feet)
1	Example: toy snooker table	1	100
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Other Information

Please give any other information which will help us give you an accurate quote.

Your Name:

Signature:

Date: