

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		
	Unit Packaging Type	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