## Agarwal Removals & Relocators<sup>TM</sup>

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## ACCEPTANCE OF QUOTATION

Transferee's Full Nan	ne:				Date:
Transferee's Full Name:					Our quotation Ref:
Requested Packing Date: Our quotation Ref:    I/We have pleasure in accepting your quotation for the transfer of our household and personal effects as follows and is in accordance with your standard trading conditions overleaf.					
Door to Port		Door to Door		T	Fransferee's date of departure:
Mode of shipment	Sea	Air	Road		
Origin Address:				Origin Con	ntact address:
Tel (H):		Tel (O):		Tel:	Email:
Delivery Address:				Destination	n contact details:
Tal (II):		Tol (O):			
Tel (H):		Tel (O):		Tel:	Email:
Storage required at:					
Origin	Yes	No	Duration (if YES): _		
Destination	Yes	No	Duration (if YES):		
Insurance					
Transit insurance:	Yes	No	Insured Value:		
(Please state currency)  (If insurance is declined, I/We accept consequential liability)  Transit insurance cannot be affected until the insurance application form is completed, signed and returned prior to packing.					
Payment					
Please invoice all charg	ges to:				
Authorized & acceptant	ce of paymen	t by:			
Name:					Company Stamp:
Designation:					
Tel:	Email:			1	Signature: