

*** Please fill out form and send to sales@ledlighting-solutions.com after purchase. ***

Company/Customer Name: _____

Order Number: _____

Please check the following box that applies. By checking "yes" you affirm that your delivery address has the indicated provision.

Section 1: Delivery Conditions

1a. Dock:
 Yes **No**

1b. Forklift:
 Yes **No**

1c. Pallet Jack:
 Yes **No**

1d. Can accommodate a 53' truck:
 Yes **No**

Section 2: Customer Type

2a. Residential:
 Yes **No**

2b. *Military:
If checked "yes" please fill out section 3

2c. Government:
 Yes **No**

2d. POA (Property Owners Association):
 Yes **No**

2e. Business:
 Yes **No**

2f. Municipal:
 Yes **No**

2g. Industrial:
 Yes **No**

2h. Private HOA:
 Yes **No**

Gate Code/ Access Code: _____

Section 3: Military Delivery (Special Services)

3a. Is a U.S. driver's license required?
 Yes **No**

3b. Is a background check required?
 Yes **No**

Cloud Contact Name: _____

Email: _____

Phone Number: _____

Shipping Name: _____

Shipping Contact Number: _____