DELIVERY FORM

HOUSE

To help Croft House provide a successful delivery please fill out the below information. It is the buyer's responsibility to ensure the piece(s) of furniture will fit into the home or building. If you have any questions or concerns measuring or are unsure if the piece(s) will fit into the home, please call the showroom for assistance.

Croft House Estimate # Project Sidemark:	Designer PO #		
Delivery type: Other:	Receiver/ Warehouse	Residential Curbside	Residential White Glove
Delivery Contact Name:		Delivery Contac	et #
Delivery Contact E-mail:			
Delivery Address:			
	I am choosing to leave the next se		
THIS SECTION IS REC	QUIRED FOR ALL WHITE GLO	OVE DELIVERIES:	
1. MEASURE THE FURNI	TURE		
	pice for product dimensions. Some iter mber to see if your items will arrive fully	•	and dining tables arrive in multiple pieces.
2. MEASURE THE SPACE			
Can the item(s) fit through	the entry door?	YES	NO
What Unit/ Floor are items	delivered to?		
If applicable, provide the w	ridth of staircase and ceiling height	·	
Can the item(s) fit through hallways and around corners?		YES	NO
Elevator Door Dimensions:			
Interior Elevator Dimension	S:		
Does the building require a	Certificate of Insurance?	YES	NO
	I am choosing to leave any of the	above lines blank as they d	lo not apply to my order
DELIVERY NOTES:			
limted to narrow roadways,	formation that could potentially de , restricted delivery times. Croft Ho ect or not listed. Please work with y	use is not responsible for ar	
-	g you have checked the measure re read, understood, and fully ac		_
		Signature:	
		Print Name:	
CROFT		Б.	

Date: