



Patient Care Equipment

Please FAX to 905-764-0862  
or EMAIL to APC-CSR@amico.com

## DELIVERY INFORMATION

Please fill out the form below to guarantee a successful delivery

Customer Name: \_\_\_\_\_ Customer PO: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Delivery Requirements:

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_ to \_\_\_\_\_

Does the above contact person need to be alerted before delivery is attempted? Yes\*\* ☐ No ☐  
(\*\*Additional Cost \$\$\$)

### Delivery Date Expectation: (choose one – please allow for appropriate lead times)

- ☐ A.S.A.P. (as soon as possible under posted Lead Times)
- ☐ Date Range – Between \_\_\_\_\_ and \_\_\_\_\_
- ☐ On Date: \_\_\_\_\_
- ☐ Future Delivery (greater than 6 months from order date)

Can the Customer receive complete order?:

☐ Yes ☐ No

(If No, please create a new delivery form)

Delivery to Dock:

☐ Yes ☐ No

53 ft. Trailer Accessible:

☐ Yes ☐ No

Tailgate Required\*\* (\*\*Additional Cost \$\$\$):

☐ Yes ☐ No

Special Delivery Instructions/Tags on boxes:

Truck Restrictions: (please specify)