Delivery Request Form

Akabou TSURUMI

Requester Information	Company Name	
	Contact Person	
	Phone Number	

Preferred Pickup Date & Time	Date:	Time: to
Pickup Address		
Pickup Location Details	Company Name	
	Contact Person	
	Phone Number	

Preferred Delivery Date & Time	○ No specific time required	Direct delivery to the destination after pickup.
	○ Specific time requested	
Delivery Address		
Delivery Location Details	Company Name	
	Contact Person	
	Phone Number	

Cargo / Items	Item Details (including dimensions: L × W × H in cm and weight in kg)	
Additional Insurance	○Required ○Not Required	Insurance coverage up to JPY 5,000,000 is included. If additional coverage is required, please specify it in the Remarks section.

Return Trip	○Yes ◉No	Please provide details in the Remarks section.
Remarks		