



Pick Up Location: _____

Drop Off Location: _____

MASTER BEDROOM

- Bed(s) Vanity Mattress(es) _____
- Armoire Bedding Chair(s) _____
- Television Dresser(s) Wardrobe _____
- Headboard(s) Lamp(s) Canopy _____
- Rocker Night stand Shelves _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

DINING ROOM

- Curio cabinet Chandelier Mirror(s) _____
- Hutch Area rug Wall art _____
- Dining table Shelves Dry sink _____
- Chairs Table leaf Lamp(s) _____
- China Décor Corner desk _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

KITCHEN

- Table Bar stools Toaster oven _____
- Chairs Dishwasher Shelves _____
- Microwave Stove Pots/pans _____
- Refrigerator Cabinet(s) Curtains _____
- Bar Wine rack Décor _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

BATHROOMS

- Cabinet(s) Bath mat(s) Towels _____
- Mirror(s) Cleaners _____ _____
- Trash can Fixtures _____ _____
- Shower head Hamper _____ _____
- Curtains Toiletries _____ _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

GARAGE

- Tools Table saw Sport gear _____
- Patio table Power tools _____ _____
- Patio chairs Bins _____ _____
- Bikes ATV _____ _____
- Lawnmower Motorcycle _____ _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

OFFICE

- Desk Lamp(s) Shredder _____
- Computer Fax machine _____ _____
- Desk chair Telephone _____ _____
- Printer Shelves _____ _____
- Filing cabinet Copier _____ _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

LIVING ROOM

- Couch(es) Bookcase Mirror(s) Ottoman
- Coffee table TV stand Recliner Décor
- End tables Armchair(s) Cabinet Wall art
- Area rug Loveseat(s) Shelves _____
- Television Stereo Lamp(s) _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

OTHER

- Washer/dryer Trash can _____ _____
- Grill Vacuum _____ _____
- Coat rack Aquarium _____ _____
- Treadmill Fan(s) _____ _____
- Iron/board Piano _____ _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____



BEDROOM #2

<input type="checkbox"/> Bed(s)	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress(es)	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair(s)	<input type="checkbox"/> _____
<input type="checkbox"/> Television	<input type="checkbox"/> Dresser(s)	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard(s)	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Canopy	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

BEDROOM #3

<input type="checkbox"/> Bed(s)	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress(es)	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair(s)	<input type="checkbox"/> _____
<input type="checkbox"/> Television	<input type="checkbox"/> Dresser(s)	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard(s)	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Canopy	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

BEDROOM #4

<input type="checkbox"/> Bed(s)	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress(es)	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair(s)	<input type="checkbox"/> _____
<input type="checkbox"/> Television	<input type="checkbox"/> Dresser(s)	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard(s)	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Canopy	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

BEDROOM #5

<input type="checkbox"/> Bed(s)	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress(es)	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair(s)	<input type="checkbox"/> _____
<input type="checkbox"/> Television	<input type="checkbox"/> Dresser(s)	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard(s)	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Canopy	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____

Total Boxes Loaded: ____ Total Boxes UnLoaded: ____

Delivery Verification & Receipt Confirmation

Total Pieces/Boxes Loaded: _____

Total Pieces/Boxes Unloaded: _____

It is the customer's responsibility to count and verify all boxes, items, and pieces at the time of delivery or release. Any shortage or discrepancy must be noted in writing on this document prior to signing.

By signing below, the customer acknowledges that they have personally verified the piece count and confirm that the total number of boxes/items unloaded matches the total number loaded. Signature constitutes acknowledgment that all items have been received unless otherwise noted above.

Customer Signature: _____

Printed Name: _____

Date: _____

Exceptions/Notes (if any):