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CUSTOMER'S DELIVERY REPORT

Customer:..... Date:.....
Pick up address: Delivery address:
Phone
From:..... To:.....
Driver:..... Cubes:.....

Table with 5 columns: Appearance of vehicle, Appearance of crew, Behaviour of crew, Standard of packing, Keeping to promises arrival times. Columns are rated: Very good, Good, Fair, Poor with checkboxes.

Date of delivery.....

Were your effects delivered in good condition? If not, please comment:.....

Suggestions to improve service:.....

Date:.....

Signature:.....

THANK YOU FOR THE COMPLETION OF THIS FORM