Estimate Form

First Name *	Last Name *
Phone *	
Email *	
Maying Data *	
Moving Date *	
Moving from (Post Codes or address) *	
Moving to (Post codes or address) *	
Which floor do you live on? On which floor is the new	apartment? *
Elevator Information *	Multiple Choice *
Current apartment has elevator	Dinner table
New apartment has elevator	2 Chairs
Both have elevator	4 Chairs
No elevator on both apartments	6 Chairs
Multiple Choice *	Study table
Refrigerator less then 170L	Working desk
Refrigerator more than 170L	Office chair
Refrigerator more than 300L	Coffee table
Washing Machine 5-7KG	Kitchen cabinet
Washing Machine more than 8KG	Gas stove
Sofa 1 seater	
Sofa 2 seater	Microwave
Sofa 3 seater	Bicycle
Sofa L seater	Book shelf
Sofa L shape	Lights
TV	Air purifier
TV stand	
Single size bed	
Double size bed	
Queen size bed	
King size bed	
How many boxes will you have after packing? *	
10	
20	
30	
More than 30	
Do you need our packing service? *	
Yes	
No No	
** Please write the items which are not listed above. Such as plasti boxes, futons, standing lights, suitcases etc. Please give us as much details as you can. Does your bed has frame?	

Applicant signature: _____