



Diaz Service

PROFESSIONAL SPA MOVERS

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MANUFACTURER: _____	MODEL: _____
DIMENSIONS: _____	WIDTH: _____ LENGTH: _____ HEIGHT: _____ PRICE: _____
STORAGE: _____ SPA MOVE AROUND THE HOME: _____ SPA MOVE: _____ SPA REMOVAL: _____	
*DATE: _____ TIME FROM: _____ TO: _____ THOMAS GUIDE: _____	
NAME: _____	
*PICK UP ADDRESS: _____	
*CITY: _____	STATE: _____ *ZIP CODE: _____
*HOME PHONE: _____	
*WORK PHONE: _____	
*CELL PHONE: _____	
THOMAS GUIDE _____	
*NAME: _____	
*DROP OFF ADDRESS: _____	
*CITY: _____	STATE: _____ *ZIP CODE: _____
*HOME PHONE: _____	
*WORK PHONE: _____	
*CELL PHONE: _____	
CRANE NEEDED: _____	FEET: _____ PRICES\$ _____
FORKLIF NEEDED: _____	FEET: _____ PRICES\$ _____
NOTES: _____	

