



KAZARI DELIVERY FORM

Customer name: _____

Contact Number: _____

Delivery Address: _____

Invoice number: _____

Product Type/Size: _____

Assistance available: Y or N

Parking available: Y (specify type) or N _____

Preferred Delivery Time:

9am-11am

11am-1pm

1pm-3pm

3pm-5pm

After 5pm

Weekend

Delivery location details:

Upstairs

Narrow hallway

Low ceiling

Garden (Access?)

Small stair/steps

Lift Access

Other/notes: _____
