



THE HOME DEPOT ROUTING FORM - Courier Delivery Service

STORE #: _____ DELIVERY DATE: _____ PRIMARY CONTACT: _____ NEXTEL#: _____ Page ____ of ____
 (one date per form)

ALTERNATE CONTACT: _____ NEXTEL#: _____

VEHICLE TYPE	DELIVERY TIME PREFERRED	CUSTOMER NAME AND CONTACT NUMBER(S)	ADDRESS CITY & ZIP	ORDER NUMBER or TRANSFER NUMBER	# of Pallets	PRODUCT DESCRIPTION and SPECIAL INSTRUCTIONS	CUSTOMER CHECKLIST FORM COMPLETE	WAIVER COMPLETE AND SIGNED
<input type="checkbox"/> Box <input type="checkbox"/> Van <input type="checkbox"/> P/U	<input type="checkbox"/> NP <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HOME NUMBER:						
		CELL NUMBER:						
<input type="checkbox"/> Regular Delivery <input type="checkbox"/> Customer Pick-up <input type="checkbox"/> Oversize <input type="checkbox"/> Roundtrip <input type="checkbox"/> Re-delivery <input type="checkbox"/> 2-Person Needed <input type="checkbox"/> Transfer from Store # _____ to Store # _____ or Customer Name _____								
<input type="checkbox"/> Box <input type="checkbox"/> Van <input type="checkbox"/> P/U	<input type="checkbox"/> NP <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HOME NUMBER:						
		CELL NUMBER:						
<input type="checkbox"/> Regular Delivery <input type="checkbox"/> Customer Pick-up <input type="checkbox"/> Oversize <input type="checkbox"/> Roundtrip <input type="checkbox"/> Re-delivery <input type="checkbox"/> 2-Person Needed <input type="checkbox"/> Transfer from Store # _____ to Store # _____ or Customer Name _____								
<input type="checkbox"/> Box <input type="checkbox"/> Van <input type="checkbox"/> P/U	<input type="checkbox"/> NP <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HOME NUMBER:						
		CELL NUMBER:						
<input type="checkbox"/> Regular Delivery <input type="checkbox"/> Customer Pick-up <input type="checkbox"/> Oversize <input type="checkbox"/> Roundtrip <input type="checkbox"/> Re-delivery <input type="checkbox"/> 2-Person Needed <input type="checkbox"/> Transfer from Store # _____ to Store # _____ or Customer Name _____								
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		HOME NUMBER:						
		CELL NUMBER:						
<input type="checkbox"/> Regular Delivery <input type="checkbox"/> Customer Pick-up <input type="checkbox"/> Oversize <input type="checkbox"/> Roundtrip <input type="checkbox"/> Re-delivery <input type="checkbox"/> 2-Person Needed <input type="checkbox"/> Transfer from Store # _____ to Store # _____ or Customer Name _____								

Courier Dispatch Information

Driver:	Driver ETA: (estimate only - 4 hour window)	Loading Instructions:	Routing Info:
Nextel #:	Going to / Coming from: (If a Depot Store)	Contact Name / Nextel:	Additional Comments: