

# FLAGSTONE PAVERS CUSTOMER PICK UP RELEASE FORM

Company Name:

Today's Date:

P.O #:

Order #:

Original Request Date per Order Acknowledgement:

**Released By:** Name (Print)

Signature:

**No changes to the PRODUCTS ordered will be accepted on this form**

Requested Pick Up Date:

(This date cannot be before the Original Request Date per the Order Acknowledgement)

Partial Pick-up of order:    YES    NO

**Product to be picked up:**

**Quantity**

1.	
2.	
3.	
4.	
5.	

Contact Phone #:

**\*\*Payment must be made prior to pick up\*\***

**\*\*All pick up requests must be received at least 7 days prior to pick up\*\***

Please send this completed form to:

[customerpickup@flagstonepavers.com](mailto:customerpickup@flagstonepavers.com)

**Product will only be available for 7 days after Pick Up Date**

**This form must be filled out entirely or it may delay your requested pick-up.**