

AB Industrial Electronics
21 Green Pastures Way
Chadderton
Greater Manchester
OL9 9GG



Delivery/Drop & Go

Delivery driver name/Phone Nr: _____

Vehicle Make and Reg Nr: _____

Delivery Accepted From:

(Save this section in AB Industrial Electronics records folder)

Name/Surname Day Date at Time am pm

Company name Order/Invoice Nr Signature

Written report below is for delivery driver/person only:

Please return this bottom section to the driver/owner of goods

___ **Yes**, Goods/Parcel received in good condition

___ **No**, Goods/Parcel is damaged (we do not accept damaged goods)

Collected/Refused by **AB Industrial Electronics** _____ (date and time).

Name

Second name

Signature

e-mail

Phone

Date