



SERVICE ORDER FORM

INVOICE NUMBER:

SERVICE ORDER REQUESTED BY

Full Name:

Mobile number:

Email Address:

PICK UP ITEM DETAILS

Number of items:

Weight (approx., Circle One): < 1 kg 1 kg – 5 kg 5 kg – 10 kg > 10 kg

Do you want to take Insurance (Circle One): Yes No

Combined Value of items (in Rupees):

ORDER DELIVERY WINDOW (Circle One Below)

NOW 2 hr 6 hr Next Day Not Urgent

PICK-UP DETAILS

Full name of the Contact Person:

Phone Number:

Address:

DROP-OFF DETAILS (To be filled by customer):

Full name of the Contact Person:

Phone Number:

Address:

PAYMENT METHOD (Circle One):

Cash-On-Delivery

Account Transfer

Service Cost (in Rupees)

(a): Number of kilometers from PICK-UP to DROP-OFF (Calculated via GOOGLE MAPS) X ₹ 8.00 =
(b): Insurance Value from Above / 1000 X ₹ 1.00 =
(c): Insurance of Rider (flat charge) = ₹ 1.00
(a + b + c): Sub-Total =
(d): Sales Tax (12.5%) =
(a + b + c + d): Total =

"I hand over my item(s) to Star-Runners on their responsibility to deliver at the delivery location. My items are insured as per the insurance I've taken from Star-Runners. I declare that I take full responsibility to pay for this service as per their invoice through the Payment Method as declare by me in the above column i.e. by cash-on-delivery or by account transfer. Failing to do so, I would be subject to the condition of fraud in Indian penal court and liable to pay penalty as asked by the board of this service provider company".

Pick-Up Sign-off (Person's Name):

(Signatures):

Date:

Time:

We have received the items in intact condition as picked-up. These items are has NO damages from Star-Runners while delivering.

Delivery Sign-off: (Person's Name):

(Signatures):

Date:

Time:

Thank You for your Service Order Request! For any communications Call Us @ +91 7065240202; Email Us @ runnerondemand@gmail.com. Star-Runners run from 9am to 9pm. Happy Delivering with us!