



For Office Use Only:

Date Delivered: _____ Invoice Number: _____

Payment Received Y or N

Client Information

Client Name: _____ Client Phone: _____

Client Address: _____

Household Size and Ages: _____

Apartment or House (circle one) If apartment, which floor? _____ Is there an elevator? _____

Please note, if the location of the home is above the first floor and no elevator is present, our drivers have the right to decline the order if they deem it unsafe to complete the delivery, before and up to the point of arrival for the delivery.

I have read and agree that all above information is correct: _____ **Client Signature**

Agency Information

Agent Name & Title _____ Agency Name _____

Agent Phone Number _____ Agent Email _____

I have read and agree that all above information is correct: _____ **Agent Signature**

Agents & Clients: Please initial the steps below indicating your compliance with the referral standards set by The Mustard Seed of Central Indiana (TMS).

Please note: Initials from both the client and agents are required for this section.

____ **I, the agent,** verified that the client has not received furniture from TMS previously and acknowledge that the use of the furniture bank is a once in a lifetime, per client, charity. **I, the client,** have not received furniture from TMS previously.

____ **I, the agent,** performed a home visit to verify the client's furniture needs and acknowledge that TMS will not deliver a piece of furniture if one is already present in the home, (i.e. If the delivery drivers arrive to the home and there is already a couch, then a couch will not be left at the home). **I, the client,** agree that I will not receive duplicated furniture.

____ **I, the agent,** have certified that the client has a reliable phone number to be contacted through the scheduling and delivery process. **I, the client,** agree that the number listed above is a reliable number in which I can be reached and will update with any phone number changes.

____ **I, the agent,** acknowledge that TMS will contact the client within 14 business days of receiving the referral to set up a delivery time and that the delivery time can take up to four weeks. All orders are scheduled in the order in which they are received. **I, the client,** understand that total wait time for furniture can take up to 4 weeks and TMS will contact me to set up delivery.

____ **I, the agent,** acknowledge that the furniture the client will receive is in gently used condition and while TMS will make every effort to deliver the requested furniture, TMS is only capable of bringing what is in stock. **I, the client,** understand the furniture I received will be gently used, picked out by TMS, and that I might not receive all requested items.

____ **I, the agent,** acknowledge that furniture deliveries are based on household size, as per the referral (i.e. If one person is in the home, then one living room chair will be delivered because it seats one person). **I, the client,** understand that furniture is based on household size reported to TMS by my case worker or agency.

Place furniture requests on the next page (both pages are required to be fully completed for the referral to be fulfilled).





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Client Name: _____

Please Note: ALL portions of the form below must be completed before deliveries can be fulfilled.

Please ONLY mark what is needed and quantity, not to exceed household size.

Who is responsible for paying the referral fee?	Agency Initials:
Agency or Client (Agent, please circle one and initial)	_____
Please Note: If client is responsible for payment, only cash or cashiers checks will be accepted and payment is due at time of delivery.	
Is this a PICK UP or DELIVERY? (please circle)	Agency Initials:
Who is responsible for paying the Delivery fee?	_____
Agency or Client (Agent, please circle one and initial)	
Please note: If client is not at home to receive furniture on the scheduled date and time, a \$150 missed delivery fee will be added to final invoice.	
Agents, please check off below on the client needs, based only on household size.	
Sofa/Loveseat/Recliner: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Coffee Table: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Kitchen Table & Chairs: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Nightstands: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Dressers: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Lamps: Yes or No	Agent Initials:
Agent, please circle one and initial.	_____
Mattress & Box springs: Yes or No	Agent Initials:
Please list sizes needed: _____	_____
No baby, toddler or King sized mattresses or box spring available. Please limit preferences to twin, full, and queen. <i>Linens are distributed, when in stock.</i>	

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Please ONLY mark what is needed and quantity, not to exceed household size.