

CUSTOM AUTO DELIVERY

SHIPPING ORDER and FREIGHT BILL

KINDLY FILL IN INFORMATION BELOW

AFFILIATE OF M.V.T., LLC.

8456 W STATE ROAD 84

DAVIE, FL. 33324

Phone No. 1-954-456-2277

Fax No. 1-954-456-3299

OUR OFFICE HAS BEEN HERE OVER 30 YEARS

Licensed by the U.S. Department of Transportation

AUTOMOBILES - TRUCKS - MOTOR HOMES DELIVERED ANYWHERE!

Today's Date: _____

Shipping Order No.: _____

CUSTID _____

Name: _____
Address _____
City _____ St.: _____ Zip: _____

Driveaway Truckaway Storage

Care Of: _____	Phone No.: _____	Vehicle Owner: _____			
Available Date _____	PO or Ref. No. _____	Year _____	Make: _____	Model: _____	
Fuel: _____	Color: _____	Odometer: _____	TAG# _____	State: _____	Vin No.: _____
VehicleType: _____	GVW: _____	Log Book Needed <input type="checkbox"/>	E-Mail: _____		

You will need to carry Collision Ins.

1. Luggage and personal property **MUST** be confined to the trunk. I hereby agree and declare that the value of the personal effects an sporting equipment in the vehicle is released to a value not exceeding \$50. These items are limited to 100lbs.
2. M.V.T., LLC's liability is limited to the lesser of the amount of repair or the actual cash value of the vehicle.

Person to Contact in Event of Mechanical Problem en Route	Cont. Phone No.:	Please tell us how you heard about our services.
Contact: _____	_____	Service: _____

<u>Pick Up Vehicle Information</u>	<u>Deliver Vehicle Information</u>
Name _____	Name _____
Address _____	Address _____
City _____ ST. _____ Zip _____	City _____ ST. _____ Zip _____
Care Of _____	Care Of _____
Home # _____ Work # _____	Home # _____ Work # _____
Cell Ph. _____	Cell Ph. _____

Special Instructions at Pick Up _____	Special Instructions at Delivery _____
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Miles: _____	Cost: _____	Plus: _____	Total Cost _____
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Form of Payment

I have read and I agree to the conditions on the *reverse side* of this order as an integral part of this order.

CC Type VISA MC AMEX Check ACCT

3% Cancellation charge will apply to all credit card orders. All refunds paid by check only. A minimum \$50.00 early cancellation fee will apply to all orders.

Name on Card: _____

Owner's or Shipper's Signature _____

ACCT. No.: _____

Exp. Date: _____ MM / YY

CVV2/CVC Code: _____

Please sign and return the original copy to us with your check.

ORIGINAL IS SAME AS

(If received by fax, please sign and return both sides by mail or fax.)