

COMMERCIAL ACCT.
FOR
CUSTOM AUTO DELIVERY AFFILIATE OF M.V.T., LLC

VEHICLE TRANSPORT INFORMATION FORM

COMPANY NAME _____

Billing Address _____

Billing City _____ Billing State _____ Billing Zip _____

Billing Phone _____

WHAT SERVICE DO YOU NEED? Driving Trucking Storage Quote

WE OFFER EXPEDITE DRIVING SERVICE ONLY ** Expedited * * **Guaranteed Delivery Date**

PURCHASE ORDER or UNIT # _____

DATE ORDERED: _____ AVAILABLE DATE: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____

LAST 8 OF VIN #: _____ REG. OWNER _____ GVW _____

COLOR: _____ LICENSE PLATE # : _____ ST. _____

SPECIAL INST.: _____
or Any Other _____
Phone # _____

Price Quoted

Plus Fuel & Tolls on
(Driving Services Only)
CC Type

P/U

NAME: _____

ADD: _____

CITY _____ ST. _____ ZIP: _____

PHONES (buss) _____ (Home) _____

VISA MC AMEX Check \$ Acct.

Credit Card #: _____

Exp. Date: / MM / YY

Issuing Bank: _____

DEL.

NAME: _____

ADD: _____

CITY _____ ST. _____ ZIP: _____

PHONES (buss) _____ (Home) _____

Name on Card: _____

Signature (Type)
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.

ORDER PLACED by: _____

E-Mail Address _____
For Confirmation _____
and _____
Order Status _____
Updates _____

I HAVE READ AND I AGREE TO THE CONDITIONS ON THE CONTRACT AS AN INTEGRAL PART OF THIS ORDER. MUST CHECK BOX TO SUBMIT