

Sservices Shipping Order

First date car available for transport _____

BILLING INFORMATION

Name _____

Phone _____

E-mail _____

Billing Address _____

City/State/Zip _____

PICK UP FROM

Name _____

Business Phone _____

Cell Phone _____

Address _____

City/State/Zip _____

DELIVER TO

Name _____

Business Phone _____

Cell Phone _____

Address _____

City/State/Zip _____

VEHICLE DESCRIPTION

Registered Owner/Leasee _____

Car Make/Model/Yr _____

License Plate/State _____

Color _____

Color _____

Vin # _____

Additional Information and phone numbers for pickup and delivery:

SELECT TYPE

Is the Vehicle Operable ?

Yes No

Compact Car

Truck

Van

Motorcycle

Boat

Sedan

SUV

Mobile Home

Trailer

Minivan

PAYMENT INFORMATION

Payment Amount

\$ _____

\$200 deposit, Balance _____ cash or cashiers check on delivery

Full payment by credit card.

Check AMEX

Visa Discovery

MC

Card # _____ Exp. Date: ____ / ____

Cardholder Name: _____

By signing below, I authorize charges on my credit card and agree to all terms and conditions.

Owners or Shipper's Signature _____ Print Name and Date _____