

ORDER FORM

CUSTOMER PLACING ORDER	
Contact Name:	
Contact Phone: ()	
Email:	
Street:	
City:	
State:	Zip:

Customer ID #	Carrier Type



(800)405-0914 (513)870-6670 (513)870-6674 Fax

ORIGIN INFORMATION	
Contact Name:	
Contact Phone: ()	
Other Phone: ()	
Other Phone: ()	
Email:	
Street:	
City:	
State:	Zip:

DESTINATION INFORMATION	
Contact Name:	
Contact Phone: ()	
Other Phone: ()	
Other Phone: ()	
Email:	
Street:	
City:	
State:	Zip:

VEHICLE INFORMATION		
Last 6 of your VIN <small>(Vehicle Identification Number)</small>	Year	Make <small>(ex: Ford, Chevy)</small>

VEHICLE READY DATE	Color	Shipping Cost
/ /		
Deposit (Refundable, See Agreement)		
Total Due Upon Delivery		

VEHICLE RUNNING CONDITION
<input type="checkbox"/> VEHICLE MOVES UNDER IT'S OWN POWER
<input type="checkbox"/> VEHICLE HAS WORKING BRAKES
<input type="checkbox"/> VEHICLE CAN BE STEERED
<input type="checkbox"/> VEHICLE HAS NO OTHER ISSUES
OTHER ISSUES:

PAYMENT TYPE <small>(check one)</small>
<input type="checkbox"/> CASHIERS CHECK <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTER CARD <input type="checkbox"/> CHECK BY PHONE
CREDIT CARD NUMBER

NAME ON CREDIT CARD
CARD HOLDER'S BILLING ADDRESS

EXPIRATION DATE	SEC												
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Card Holder's Signature (If Different than Customer): X

I have received, read, and understand the Shipping Agreement General Provisions of Express Auto Transport. I agree to the Shipping Agreement and I agree to pay the above amount. I understand that my **deposit is refundable** under the conditions in the Shipping Agreement. I understand that the COD amount must be paid upon receipt of the car, and that only Cash, Money Order, or Cashiers Checks are accepted.

Customer's Signature **X** Date

9772 Princeton - Glendale Road
Cincinnati, Ohio 45246