



# Vehicle Transport Checklist

We are committed to providing you with the best possible customer service. In order to complete your request, please complete the information below and fax it to the Customer Service Dept at 714-965-0520.

**Customer Name:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_

## Transport Information:

Who is transporting the vehicle? \_\_\_\_\_

Reason for the transport? \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you relocating? YES / NO      New Phone #: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

New Employer? YES / NO      New Phone #: \_\_\_\_\_

New Employer Name: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Dates Good Thru: \_\_\_\_\_

*\*\*We will need a copy of your insurance policy. Please make sure it is valid and covers the vehicle for the new location. This is, very important!*

## If Military:

Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Commanding Officer's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*\*If request is due to a military change of station we will need you to fax a copy of your military orders along with this form.*

## Three Personal References:

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_



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(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Transport Letter to be sent to:

Attn: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Customers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make sure to fax your insurance policy and Military Orders (if applicable) along with this checklist to 714-965-0520. Once this request has been approved, we will forward the Vehicle Transportation Letter to be notarized, and then send it to you via fax/mail.

**\*\*\*For Internal Use Only\*\*\***

Pay by allotment: YES / NO      Contract Date: \_\_\_\_\_      Current: YES / NO

# Of Payments Made: \_\_\_\_\_      Delinquent Payments: 30 \_\_\_\_\_ 60 \_\_\_\_\_ 90 \_\_\_\_\_ days late      Tier \_\_\_\_\_

Changed New Address/Phone in System? YES / NO      Changed Work Address/Phone in System: YES / NO

### Verified Valid Transportation Insurance:

Date Verified: \_\_\_\_\_ Verified with whom: \_\_\_\_\_

### Approval within the USA

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval outside the USA

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

National Mgr Signature: \_\_\_\_\_ Date: \_\_\_\_\_