

# Vehicle Transport Checklist

We are committed to providing you with the best possible customer service. In order to complete your request, please send your Insurance Policy showing coverage for the transport of the vehicle, continued coverage once transport is complete, and Military Orders (if applicable) along with this completed checklist via one of the following methods:

- Upload the documents as a PDF file to your Kia Finance online account; or
- Email to [VehicleMod@hcs.com](mailto:VehicleMod@hcs.com); or
- Mail to 4100 Wildwood Pkwy, Atlanta, GA 30339

We will forward the approved Vehicle Transportation Letter to be notarized, and then send it to you via mail or email.

Customer Name: \_\_\_\_\_ Acct No.: \_\_\_\_\_

- Email Transport Letter to: \_\_\_\_\_  
 Mail Transport Letter to: \_\_\_\_\_  
 Name/Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## TRANSPORT INFORMATION:

Who is transporting the vehicle: \_\_\_\_\_

Reason for transport: \_\_\_\_\_

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

Departing From: \_\_\_\_\_ Arriving To: \_\_\_\_\_

Are you relocating?  YES /  NO      Update Address Now?  YES /  NO  
If NO, it is the customer's responsibility to contact our office to update the address.

New Address: \_\_\_\_\_ New Phone No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Employer:  YES /  NO      New Employer Name: \_\_\_\_\_

New Employer Address: \_\_\_\_\_ New Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## INSURANCE INFORMATION:

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Phone No: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

**\*\*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!**

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**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:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_