

Attention: _____ FAX #: _____ Pages: _____

Auto Express

562 East Woolbright Rd., Suite 210

Boyton Beach, FLA, 33435

Toll free: 1-800-237-7398 Fax: 561-292-3788

Pick Up Information:

Name: _____ City & State: _____

Street Address: _____

Telephone Numbers: Home: _____ Work: _____ EXT: _____

Cell: _____ Alternate Contact & Telephone: _____

Delivery Information:

Name: _____ City & State: _____

Street Address: _____

Telephone Numbers: Home: _____ Work: _____ EXT: _____

Cell: _____ Alternate Contact & Telephone: _____

Vehicle Information:

Year: _____ Model: _____ Make: _____

Last 8 digits of VIN# _____

Other: _____

Payment Information:

All payments MUST be in the form of an 'Official Bank Cashier's Check', an 'United States Postal Money Order', 'Western Union Wire Transfer' or 'Cash'. NO PERSONAL OR CERTIFIED CHECKS WILL BE ACCEPTED. Deposit must

Accompany this Shipping Order or in the case of orders returned by FAX, payment must be received in our office before this order is processed. ALL CANCELLED ORDERS FORFEIT THE TOTAL AMOUNT OF THE LISTED DEPOSIT.

TOTAL AMOUNT DUE: _____ REQUIRED DEPOSIT: _____ BALANCE DUE: _____

AVAILABILITY:

You must allow AT LEAST a 7 day period for the pick up of the vehicle, from the first day that the vehicle becomes available OR from the day that we have received BOTH the shipping Order and the deposit in our office. We do not pick up vehicles on a specific day, time, or location. In the following space please let us know when the vehicle is available based on the information above:

This shipping order is provided as a service only. Unless otherwise noted, all terms and conditions are subject to the Uniform Bill of Lading which is issued at the point of pick up by the Carrier and the Carrier assumes all responsibility and liability therein stated.

Please see the reverse side or second page of FAX for additional Terms and Conditions. By signing and/or returning this Shipping Order, it is understood that all of the information has been reviewed and accepted.

Please sign and return to Auto Express: _____

*When returning by FAX - send this sheet only.** **Quote good for 30 days.**