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CUSTOMER ORDER FORM

Customer

Quote Number: _____ Quoted Transport Amount: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work (other): _____

Fax: _____ Email: _____

Vehicle

Year/Make/Model: _____ Color: _____ Operable? Yes / No _____

Available Date: _____ License Plate: _____ VIN Number: _____

Origin

Name: _____

Address/City/Zip: _____

Contact Phone: 1) _____ 2) _____ 3) _____

Destination

Name: _____

Address/City/Zip: _____

Contact Phone: 1) _____ 2) _____ 3) _____

Notes (pick up and delivery special circumstances, additional vehicle information - if inoperable, specify if it has key, rolls, steers, brakes, etc.)

Payment

Amex / Visa / MC / Discover



Card Number _____ Expiration Date: _____ CW2 (last 3 digits on back) _____

Name _____ Charge Amount: \$ _____ COD Amount: \$ _____

Billing Address: _____

Charge Amount is full payment or deposit only (\$125 minimum). COD Amount is remaining balance due to the carrier at time of delivery (cash or cashier's check only, payable to the Carrier). Your deposit will not be charged until a carrier has been scheduled to pick up your vehicle.

I agree that I have read and understood the terms and conditions outlined in the Transport Agreement document. I submit that the supplied payment information is correct and true. I agree to pay the quoted amount.

Signature _____

Date _____

The Terms & Conditions document can be viewed on our web site at www.carworx.com. You can also request a copy to be mailed, emailed, or faxed to you. You can email or fax this form back to Carworx Auto Transport. If emailed, your typed name will constitute a valid Legal Digital Signature.