



Fill In all Information, keep one copy and mail original to or fax to:

343 El Camino Real, Suite 1  
 So. San Francisco, CA 94080-5923  
 650-615-4520 • Fax: 650-615-4525 • 800-606-2006  
 www.assuredautomovers.com

# Shipping Order

Today's Date \_\_\_\_\_ 1st date vehicle available \_\_\_\_\_ Order # \_\_\_\_\_

### Vehicle Information:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Vin# \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

Registered Owner \_\_\_\_\_

### Pick-up from:

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Day \_\_\_\_\_ Fax \_\_\_\_\_

### Deliver to:

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Day \_\_\_\_\_ Fax \_\_\_\_\_

### Insurance

Name of Ins. Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

Trucked

Special Instructions \_\_\_\_\_

I agree to and authorize transportation of vehicle as set forth on reverse side of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
owner or owners agent

Tell us how you found out about our service: Yellow Pages  Internet

Moving Co. \_\_\_\_\_ Rep \_\_\_\_\_

Other \_\_\_\_\_

*Service is our #1 Priority .... Cars moved anywhere • any time*