2775 Burris Rd / Suite 6B-1 / Davie, Florida 33314
954.764.5700 800.327.2298 fax 954.764.8233

CONTRACT FOR TRANSPORT

ICC MC 222317 FF-9224-P

SAMPLE

RESERVATION INFORMATION:

Date of Reservation: ________________________ Customer #________________

Direct Pick-up (by Tractor Trailer) Date(s): _______________________________

Terminal Pick-up (by Flatbed) Date(s): ___________________________________

Customer Drop off to Terminal Date: ____________________________________

Delivery Date(s): ____

VEHICLE INFORMATION:

Year:__________ Make:_____________________________

Model ____

Color: _______________ Type: __________ (2/4 dr, SUV, etc.)

VIN: ____

Plate: ____

PICK-UP INFORMATION:

Name: ____

Address: ____

City/State/Zip: ____

Phone: ____

Complex Name: ____

Special Instructions: ____

____

What is your planned departure date?__________________________

DELIVERY INFORMATION:

Name: ____

Address: ____

City/State/Zip: ____

Phone: ____

Complex Name: ____

Special Instructions: ____

____

What is the 1st date you can receive your car? __________________

TRANSPORT RATE INFORMATION:

Transport Charge: ____

Terminal/Other Charges:______________________________________

Fuel Surcharge (if applicable at time of shipment):________________

Deposit: ____________________Date Received: __________________

Balance Due: ____

ACCEPTABLE FORMS OF PAYMENT:

Vehicles delivered outside the State of Florida require pre-payment.

PRE-PAYMENT:

- ☐ Cash or Official Cashier's Check
- ☐ Check
- ☐ Credit Card (an additional 3% admin fee will be added)

PAYMENT ON DELIVERY:

- ☐ Cash or Official Cashier's Check
- ☐ Check
- ☐ Credit Card (an additional 3% admin fee will be added)

This order must be returned within 7 days upon receipt along with a $__________ non-refundable/non-transferrable deposit in order to confirm the reservation. Any and all changes must be made 20 days prior to transport in order to avoid forfeiture of deposit. All credit card payments will be charged an additional 3% administrative fee.

I have read and agree to the conditions on both sides of this contract. My signature signifies that I have contracted with Swad Auto Transporters, Inc., for the transport of my vehicle according to the terms of this contract.

OWNER/AGENT SIGNATURE: ____DATE: __________________

(Sign, Date & RETURN WHITE COPY with Deposit. Keep yellow copy for your records)

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BELOW IS FOR OFFICE USE ONLY!

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