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A-Z AFFORDABLE TRANSPORT

"Superior Service, Affordable Prices"

website: www.azafford.com
MC-335177-B

Order # _____

Date _____

Date Avail. _____

Agent _____

Email: Info@azafford.com

TRUCKING SHIPPING ORDER

ORDER FROM:

Requested Pick-Up Date: _____

Two (2) days variance

Name _____

Address _____

City _____ State _____ Zip _____

Phone - home _____ work _____ Fax _____

PICK UP FROM: (If different from above)

Name _____

Address _____

City _____ State _____ Zip _____

Phone - home _____ work _____ Cell _____

DELIVER TO:

Name _____

Address _____

City _____ State _____ Zip _____

Phone - home _____ work _____ Cell _____

SPECIAL INSTRUCTIONS: Anything you want to tell us? Something we should know?

Luggage? Yes* No * If yes, must be confined to trunk area, and is carried at owner's risk.

VEHICLE/VESSEL DESCRIPTION

Year _____ Make _____ Model _____ Color _____

License # _____ State _____ Vehicle ID # _____

CHECK ALL APPLICABLE BOXES

car wagon van truck BOAT automatic std. shift diesel 2dr. 4dr.
 4 cyl 6 cyl 8 cyl air cond. radio tape spare jack hatchback convertible

CREDIT CARDS (Please circle one) MasterCard: Visa: Discovery:

Name (as it appears on card) _____

Account # _____

Expiration Date _____ Code on back _____

Amount of Charge \$ _____

OPEN TRUCK

Door to Door

OPEN TRUCK

Terminal to Door

ENCLD TRUCK

Door to Door

BOAT

Dock to Dock

TOTAL COST \$ _____

DEPOSIT \$ _____

(send with this order)

BALANCE DUE \$ _____

(pay in CASH on delivery)

Should you need to make any changes on this form, please do. We will make the same corrections when this is returned to us.

SIGNED X _____ DATE _____

I have read and agree to the terms and conditions on the reverse side, as an integral part of this order. I have kept a copy of this contract for my records.