

**DEALER
SHIPPING ORDER**



Parkway Auto Transport, Inc.

PO Box 308

Clearwater, MN 55320

Ph. 800-626-4587, Fax 320-558-2242

www.parkwayautotransport.com



DESIRED TRANSPORT DATE:

PICK UP:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE - HOME: _____

PHONE - CELL: _____

PHONE - WORK: _____

LOAD AT (If different than above): _____

CONTACT NAME / PHONE #: _____

GATE PASSES UNDER: _____

SPECIAL INSTRUCTIONS FOR PICK UP: _____

DELIVERY:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE - HOME: _____

PHONE - CELL: _____

PHONE - WORK: _____

UNLOAD AT (If different than above): _____

CONTACT NAME / PHONE #: _____

SPECIAL INSTRUCTIONS FOR DELIVERY: _____

VEHICLE INFORMATION

#	Year	Make	Model	VIN (Last 8 Digits)	Color	Transport Rate	OFFICE USE Order Number
1						\$	
2						\$	
3						\$	
4						\$	
5						\$	
6						\$	
7						\$	
8						\$	
9						\$	
10						\$	
NOTE: Dealer rates include fuel surcharges.						\$	Or Quoted Truck Rate

QUOTE # _____ SPECIALS # _____

PAYMENT INFORMATION

PAYMENT OPTIONS: COMPANY CHECK, CASHIER CHECK, OR MONEY ORDER *PAYABLE TO PARKWAY AUTO TRANSPORT*
OR BILL TO (Dealerships only with payment history established)

SELECT ONE:

- PAYMENT AT PICK UP (COP)
- PAYMENT AT DELIVERY (COD)
- BILL TO - TERMS NET 10 DAYS

BILL TO INFORMATION:

DEALERSHIP NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

I agree to the Terms and Conditions for transport of my vehicle(s) as listed on the attached pages.

Signature: _____

Date: _____