


VEHICLE MOVEMENT RECORD

A.		You spoke to who at our Office : _____ 1-647-208-6267															
		Today's Date:	Shipping Date:	Online Quote (ID) #:													
B.	Ship from:		Ship to:														
C	Name:		Home #: ())														
	Address:		Work #: ())														
	City:		Cell #: ())														
	Prov/State:	Post/Zip:	Destination #: ())														
	Email:		Fax#: ())														
D	Auto <input type="checkbox"/> Std <input type="checkbox"/> Year: _____ Make: _____ Model: _____ Color: _____ Lic Plate#: _____ Prov/State: _____ VIN#: _____ Model: 2Dr <input type="checkbox"/> 4Dr <input type="checkbox"/> S/W <input type="checkbox"/> Truck 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Dualy <input type="checkbox"/> Ext <input type="checkbox"/> Roof Rack <input type="checkbox"/> Truck Cap <input type="checkbox"/>																
E 2a	What Would You Prefer When Shipping Vehicle Out: 1. Drop at our <u>Terminal</u> <input type="checkbox"/> Yes (if Yes) We Will Provide The Terminal Address Address _____ Ph #: (____) _____ 2. Pick Up From <u>Commercial Location</u> <input type="checkbox"/> Yes or <u>Residence</u> <input type="checkbox"/> Yes Charges May Apply. (A) \$ _____ +Tax Name _____ Ph # (____) _____ Cell (____) _____ Address: _____																
F 2b	What Would You Prefer On Arrival: 1. Pickup at our <u>Terminal</u> <input type="checkbox"/> Yes (if Yes) We Will Provide The Terminal Address Address _____ Ph #: (____) _____ 2. Deliver to <u>Commercial Location</u> <input type="checkbox"/> Yes or <u>Residence</u> <input type="checkbox"/> Yes Charges May Apply. (B) \$ _____ +Tax Name _____ Ph # (____) _____ Cell (____) _____ Address: _____																
G	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Quote Price:</td> <td style="width: 15%;">(E2A)</td> <td style="width: 15%;">(F2B)</td> <td style="width: 15%;">(misk) _____</td> <td style="width: 15%;">_____ %</td> <td style="width: 15%;">Total</td> </tr> <tr> <td>+\$ _____</td> <td>+\$ _____</td> <td>+\$ _____</td> <td>+\$ _____</td> <td>Tax : \$ _____</td> <td>\$ _____</td> </tr> </table>					Quote Price:	(E2A)	(F2B)	(misk) _____	_____ %	Total	+\$ _____	+\$ _____	+\$ _____	+\$ _____	Tax : \$ _____	\$ _____
Quote Price:	(E2A)	(F2B)	(misk) _____	_____ %	Total												
+\$ _____	+\$ _____	+\$ _____	+\$ _____	Tax : \$ _____	\$ _____												
H	<u>IMPORTANT: Fax or Email</u> Copy of Vehicle Registration if possible.																

Ph1: 1-647-208-6267

Fax1: 1 800-607-0358

E-mail: info@motorvehicleshipping.com