

Company Issue To:

Billing Name:

Billing/PO Number:

Company DOT #:

Pickup Location

Street Address:

City, State, Zip:

Contact Name:

Phone Number:

Email/Fax#:

Notes:

Delivery Location

Street Address:

City, State, Zip:

Truck

Unit #:

Plate #, State:

Year, Make:

VIN:

Length:

Weight: # Axles:

Trailer

Unit #:

Plate #,State:

Year, Make:

VIN:

Trailer Length: \*Kingpin:

Weight: # Axles:

\*TN measures kingpin from hookup to end of trailer/load

Load

Description:

Make: Model:

Serial #: # of Pieces:

How Loaded: Single Item Side by Side

Stacked End to End

Load Weight:

Load Dims: L W H

Overall Dimensions

Width: Height: Length: Weight: Front Overhang: Rear Overhang:

Axle 1 2 3 4 5 6 7 8 9 10

Weight:

# of Tires:

Tire Sizes:

1-2 2-3 3-4 4-5 5-6 6-7 7-8 8-9 9-10

Axle Spacings:

Start Date Agency Routes Accept Alternate Routes: Yes No