

ALL IN ONE TRUCK SOLUTIONS LLC

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VEHICLE PICK UP REQUEST

DATE:		PO#		Price:	
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BILL TO					
COMPANY NAME		ADDRESS			
CONTACT		CITY			
PHONE		STATE		ZIP	
FAX		EMAIL			

UNIT LOCATION: ☐ Check Box if same as Bill to					
COMPANY NAME		ADDRESS			
CONTACT		CITY			
PHONE		STATE		ZIP	
FAX		EMAIL			

DELIVER TO					
COMPANY NAME		ADDRESS			
CONTACT		CITY			
PHONE		STATE		ZIP	
FAX		EMAIL			

VEHICLE DESCRIPTIONS									
YEAR		MAKE		MODEL		VIN		UNIT#	
YEAR		MAKE		MODEL		VIN		UNIT#	
YEAR		MAKE		MODEL		VIN		UNIT#	

PLEASE NOTE WE ASSUME NO RESPONSIBILITY FOR		
GLASS BREAKAGE	MECHANICAL BREAKDOWN	ROAD HAZARD DAMAGE

ALL IN ONE TRUCK SOLUTIONS, LLC Signature

Customer Signature