# CONTRACT FOR TRANSPORT

SWAD AUTO TRANSPORTERS

2901 SE 6th Ave / Fort Lauderdale, Florida 33316 954-764-5700 1-800-327-2298 ICC MC 222317

**RESERVATION INFORMATION:**

Res. Date ____________ Customer # __________
(All dates are estimated)
Transport Date(s) ____________________

Pick-up Date(s) ____________________

Delivery Date(s) ____________________

Customer Drop off Date ____________________

***Terminal Location Information:***

Customer Drop off ____________________

Customer Pick up ____________________

Flat Bed Pick up ____________________

Flat Bed Delivery ____________________

***Personal arrival/departure information:***

Arrival Date/Time ____________________

Departure Date/Time ____________________

**VEHICLE INFORMATION:**

Year ____________ Make ____________

Model ____________ Color ____________

Plate # ____________ Type ____________
(2 dr., 4 dr., wagon., etc.)

**RATE INFORMATION:**

Transport Charge ____________________

Terminal /Other Charge ____________________

Deposit ____________ Date Received __________

Balance Due ____________________

***Acceptable form of payment:***

___ Pre-pay check ___ Personal Check on delivery

___ Pre-pay cash only ___ Cash or Cashier's Check on delivery

**PICK UP and DELIVERY INFORMATION:**

***From:***

Name ____________________

Address ____________________

City/State/Zip ____________________

Complex Name ____________________

Home Phone ____________________

Office Phone or Other ____________________

***Consigned to:***

Name ____________________

Address ____________________

City/State/Zip ____________________

Complex Name ____________________

Home Phone ____________________

Office Phone or Other ____________________

This order must be returned within 7 days upon receipt along with a $100 non-refundable/non-transferrable deposit in order to confirm the reservation. Any and all changes must be made 20 days prior to transport in order to avoid forfeiture of deposit.

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***I have read and agree to the conditions on both sides of this contract. My signature signifies that I have contracted with Swad Auto Transporters, Inc. for the transport of my vehicle according to the terms of this contract ...***

**OWNER/AGENT SIGNATURE:** ____________________ (Sign & Return White Copy with Deposit, Keep Yellow Copy)

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FOR OFFICE USE ONLY!!

SPECIAL INSTRUCTIONS:

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