

**OLD SCHOOL MOTORCYCLE TRANSPORT COMPANY
SHIPPING FORM**

Customer Contact Information:

Name: _____ Phone - Home: _____
Company: _____ Phone - Work: _____
Address: _____ Phone - Cell: _____
_____ Phone - Fax: _____
e-Mail: _____ Hours (If Business): _____

Legal Owner of Unit(s) listed _____

Unit Information: (Additional Unit(s) listed at the end of this contract.)

Year _____ Make _____ Model _____ Vin# _____

Approximate Value of Unit: _____ (Declared)

Please check all that apply:

- Windshield Hard Bags Soft Bags Exhaust Extensions Raked / Extended Forks
 Other _____

Unit(s) to be picked up at:

Check if same as Customer Contact Info

Name: _____ Phone - Home: _____
Company: _____ Phone - Work: _____
Address: _____ Phone - Other: _____
_____ Phone - Fax: _____
Days/Hours of Operation (If Business):

Unit(s) to be delivered to:

Check if same as Customer Contact Info

Name: _____ Phone - Home: _____
Company: _____ Phone - Work: _____
Address: _____ Phone - Other: _____
_____ Phone - Fax: _____
Days/Hours of Operation (If Business):

CONDITION OF MOTORCYCLE _____

LIST ALL DAMAGE, ECT. _____