

YOUR CONTACT INFORMATION:

First Name and Last Name*

Email*

Phone Number*

Company

Address

City/ State/ Zip

MOTORCYCLE AND SHIPPING DETAILS:

Year/ Make/ Model*

Available Pickup Date*

Color

VIN #

Type* (Select One) Standard Touring Chopper Trike Other _____

Operable?* (Select One) Yes No

Carrier Type* (Select One) Enclosed Open

Comments: _____

PICKUP ADDRESS:

Company Name

Address

City/ State/ Zip*

Contact Name

Phone Number

DELIVERY ADDRESS:

Company Name

Address

City/ State/ Zip*

Contact Name

Phone

*By signing below, I acknowledge that I have read the Terms of Use, the Privacy Policy Addendum and the Terms & Conditions on www.simplymotorcyclershipping.com and agree to be bound by their terms. Hard copies are available upon request.

Print Name

Signature

Today's Date

COMPLETE AND FAX TO (855) 869-7447