

# DELIVERY RECEIPT

Smart Money Fleet Program Support:  
(855) 319-XXXX

ALL REQUIRED INFORMATION MUST BE PROVIDED IN ORDER TO HAVE THIS RECEIPT PROCESSED **DELIVERY RECEIPT #**

<b>STEP 1</b>	DEALER: _____ DEALER NO: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ WRITTEN BY: _____ PHONE: ( ) _____  CUSTOMER: ACCT. #: _____ LOC. #: _____ <input type="checkbox"/> National Fleet <input type="checkbox"/> Gov/State NAME: _____ DIVISION OF: _____ ADDRESS: _____ STATE: _____ ZIP: _____ CITY: _____ PHONE: ( ) _____  <b>FOR 10+TIRES ONLY:</b> CREDIT APPROVAL: _____ DATE: _____  DELIVERY POINT: <input type="checkbox"/> Same as dealer <input type="checkbox"/> Same as customer NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____					<b>STEP 2</b>	DATE DELIVERED: _____ 20 _____ PURCHASE ORDER #: _____ VERBAL APPROVAL BY: _____ PHONE: _____  <b>VEHICLE INFORMATION:</b> Make: _____ Odometer Reading: _____ Tractor #: _____ License #/State: _____ Trailer #: _____ Chassis #: _____ Tire Position: _____ Container #: _____  <input type="checkbox"/> Delivered for Stock <input type="checkbox"/> Emergency Road Service <input type="checkbox"/> Mounted on Vehicle																																																				
<b>STEP 3</b>	<b>TIRES</b> <table border="1"> <thead> <tr> <th>Quantity</th> <th>Product Code</th> <th>Tire Size</th> <th>Ply</th> <th>Description</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Quantity	Product Code	Tire Size	Ply	Description																																														<b>STEP 4</b>	<b>YARD SERVICE</b> # Hrs. Unit Price (Required) Scheduled M / F (7:30am-5:00pm) Scheduled AH / SAT Scheduled Sun / Holidays Non-Scheduled M / F (7:30am-5:00pm) Non-Scheduled AH / SAT Non-Scheduled Sun / Holidays  <b>EMERGENCY SERVICE</b> # Hrs. Unit Price Emergency Road Service M / F (7:30am-5:00pm) Emergency Road Service AH / SAT # Hrs. Unit Price (Required) Emergency Road Service Sun / Holidays  <b>MILEAGE</b> # Hrs. Unit Price (Required) Portal to Portal  <b>SERVICE CHARGE</b> # Hrs. Unit Price (Required) Flat Repair Assembly Off Vehicle Flat Repair Loose Tire Dismount Off Vehicle Mount Vehicle Dismount Wheel / Rim Mount Wheel / Rim Balance		
	Quantity	Product Code	Tire Size	Ply	Description																																																						
<b>STEP 5</b>																																																											
<b>STEP 6</b>	<b>MISCELLANEOUS</b> <table border="1"> <thead> <tr> <th>Quantity</th> <th>Tire Size</th> <th>Description</th> <th>Unit Price F.E.T.</th> <th>Unit Price (Required)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)																					<b>TOTAL</b> <b>GRAND TOTAL</b>																												
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COMMENTS: _____					<b>VERIFICATION OF DELIVERY:</b> RECEIVED BY: _____ DRIVER #: _____ SIGNATURE: _____																																																						