

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

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STEP 1	DEALER: _____ DEALER NO: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ WRITTEN BY: _____ PHONE: () _____				DATE DELIVERED: _____ 20____ PURCHASE ORDER #: _____ VERBAL APPROVAL BY: _____ PHONE: _____			
	CUSTOMER: _____ ACCT. #: _____ LOC. #: _____ <input type="checkbox"/> National Fleet <input type="checkbox"/> Gov/State NAME: _____ DIVISION OF: _____ ADDRESS: _____ STATE: _____ ZIP: _____ CITY: _____ PHONE: () _____				STEP 2			
	FOR 10+TIRES ONLY: CREDIT APPROVAL: _____ DATE: _____							
	DELIVERY POINT: <input type="checkbox"/> Same as dealer <input type="checkbox"/> Same as customer NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____				VEHICLE INFORMATION: 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 DISPOSITION OF TAKE OFF TIRES: <input type="checkbox"/> Returned w/Driver <input type="checkbox"/> Returned w/Dealer <input type="checkbox"/> Returned to Consumer <input type="checkbox"/> Returned for Warranty TIRE REPLACEMENT REASON: _____			

STEP 3	TIRES					STEP 5	YARD SERVICE		# 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			
							EMERGENCY SERVICE		# 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			
							MILEAGE		# Hrs.	Unit Price (Required)
							Portal to Portal			
							SERVICE CHARGE		# 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					
					TOTAL					
TOTAL					GRAND TOTAL					

STEP 4	MISCELLANEOUS				
	Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)
TOTAL					

COMMENTS: _____ _____ _____	STEP 6	VERIFICATION OF DELIVERY: RECEIVED BY: _____ DRIVER #: _____ SIGNATURE: _____
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