



# Lift 'N Load Order Form

Order #: \_\_\_\_\_

Please fax the order form to (877) 333-2100 ~ For assistance please call (800) 272-6276

Customer Type:		P.O.#:		Date Ordered:	
Sold To:			Ship To:		
Address:			Address:		
City:			City:		
State:		Zip Code:		State:	
				Zip Code:	
Contact:			Email:		
Phone:			Fax:		
Payment: <input type="checkbox"/> Credit <input type="checkbox"/> COD		Check/Credit Card#:		Auth #:	
CC St. or PO Box #:			Exp Date:		Zip Code:
Carrier:		<input type="checkbox"/> COD <input type="checkbox"/> Collect <input type="checkbox"/> PPD		<input type="checkbox"/> PP+A <input type="checkbox"/> 3rd Pty	
Standard Delivery Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Date Required By:	

System  
Quantity: \_\_\_\_\_

Bill Code: \_\_\_\_\_

<b>Style</b>	<input type="checkbox"/> Curb Side Mount Electric Over Hydraulic with Tarp (LNLCSSE)
	<input type="checkbox"/> Curb Side Mount Hydraulic with Tarp (LNLCSWET)
	<input type="checkbox"/> Drivers Side Mount Electric Over Hydraulic with Tarp (LNLDSSE)
	<input type="checkbox"/> Drivers Side Mount Hydraulic with Tarp (LNLDSWET)
	<input type="checkbox"/> Double Lid (LNLDBLFLIP)

<b>Trailer Information</b>	<input type="checkbox"/> Aluminum Trailer	or	<input type="checkbox"/> Steel Trailer
	Make: _____		Width: <input type="checkbox"/> 96" <input type="checkbox"/> 102"
	Length: _____		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that the above specifications, measurements, and freight requirements are accurate and accepted. This system is designed for the containment portion of the D.O.T. regulations; cars must still be strapped down securely in accordance with the law. Bulkheads are not load rated. F.O.B. Melbourne, FL.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_