

LOAD CONFIRMATION SHEET

Company Name: _____

Phone Number: _____

PICK-UP INFORMATION

Pick-Up Date: _____

Contact Name: _____

Company: _____

Address: _____

Phone #1 _____

Phone #2 _____

Other #3 _____

Special Instructions:

WWW.1st1s2Leap.Com

DELIVERY INFORMATION

Drop-Off Date: _____

Contact Name: _____

Company: _____

Address: _____

Phone #1 _____

Phone #2 _____

Other #3 _____

Special Instructions:

WWW.1st1s2Leap.Com

VEHICLE INFORMATION

YEAR: _____

MAKE: _____

VIN #: _____

COLOR: _____

RUNS: _____

BILLING INFORMATION

C.O.D. \$ _____

PRE-PAY \$ _____

PAY PAL: \$ _____

BILLING: \$ _____

OTHER: \$ _____

Sign Name: _____

Print Name: _____

Date: _____

Phone: _____

1st 1's 2 Leap

P. O. Box 202224

Arlington, Texas 76006

Bus: 817.633.CARS (2277)

Fax: 817.385.4653

Cell: 214.882.4653

E-Mail: Larry@LeapTransport.Com