

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 #

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: () _____				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					
	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: _____				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				
	Quantity	Product Code	Tire Size	Ply	Description				# Hrs.	Unit Price (Required)
TOTAL					GRAND TOTAL					
STEP 4	MISCELLANEOUS					STEP 6				
	Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)				VERIFICATION OF DELIVERY: RECEIVED BY: _____ DRIVER #: _____ SIGNATURE: _____	
TOTAL					GRAND TOTAL					
COMMENTS: _____ _____ _____					STEP 6					
_____ _____										