

TRIP AND FUEL ORDER FORM

PERSON ORDERING: _____ PHONE #: _____

REG OWNER IF DIFFERENT THAN CO NAME: _____ BILL TO NAME: _____
if different

COMPANY NAME: _____

ADDRESS: _____

CITY, NAME, ZIP: _____

FID#: _____ DRIVERS NAME: _____ INSURANCE CO: _____

DOT#: _____ TRIP #: _____ POLICY # _____

LOAD DESCRIPTION: _____ Effective Date: _____

Expiration Date: _____

REG GROSS WGT: _____

Odometer Reading: _____

ACTUAL GROSS WGT: _____

(Oregon Only) File #: _____

VEHICLE INFO

UNIT NO.	YEAR	MAKE	FULL SERIAL NO.	# AXLES	LICENSE NO.	ST	EMPTY WEIGHT
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Tractor

Trailer

TYPE OF VEHICLE:

*dump truck, tractor,
uop=crane, st. truck,*

Total number of axles

req'd for AZ only:

TYPE OF FUEL:

Gas or Diesel

ROUTE

ONLY FOR STATES = AZ, ID, IL, KS KCC, MT, ND, NE, NV, OR, SD, WI

<u>State</u>	<u>Start Date / Time</u>	<u>From</u>	<u>To</u>	<u>Via</u> <i>(if starting or ending in a city include address or jc)</i>
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TRIP & FUEL APPLICATION
IF ORDERING O/S, O/W
PLEASE USE OTHER FORM

Overall Dimension Required for MT & ND

Questions Call
414-425-2911
Fax to:
414-425-7712

Length

Width

Height