OVERSIZE APPLICATION

FAX/EMAIL ORDER SHEET

TRANSACTION# _____

DATE: _____ TIME: _____

COMPANY NAME:				CUSTOMER ACCOUNT #:	209937	
ADDRESS						
CITY						
PROVINCE/STATE				ZIP/POSTAL:		
CONTACT:	PETRA VOELKER	TELEPHONE:	450-687-8294	FAX:	450-687-6963	
LOAD DESCRIPTION:		LOAD YEAR		LOAD MAKE		
		LOAD MODEL		LOAD SERIAL#		

LOAD DIMENSIONS:	LOAD WIDTH:	LOAD HEIGHT:	LOAD LENGTH:	LOAD WEIGHT	BILL OF LADING#	HAULING or TOWING

OVERALL DIMENSIONS:	OVERALL WIDTH	OVERALL HEIGHT	OVERALL LENGTH	OVERALL WEIGHT	FRONT OVERHANG	REAR OVERHANG

AXLE WEIGHTS AND SPACINGS:

AXLE #	1	2	3	4	5	6	7	8	9	10	11	12	13
WEIGHT:													
AXLE NUMBERS:		1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 13
SPACINGS:													
TIRE SIZES													
TIRE CAPACITIES:		SINGLE			TRACTOR DUAL:					TRAILER DUAL:			

ORIGIN CITY	ORIGIN STATE	DESTINATION CITY	DESTINATION STATE
SHIPPER NAME	ADDRESS	CITY	STATE/PROV
RECEIVER NAME	ADDRESS	CITY	STATE/PROV

STATE	ROUTE(S)	DATE:	STATE	ROUTE(S)	DATE:

TRACTOR:

UNIT#	YEAR	MAKE	SERIAL # (IN FULL)	PLATE	BASED	#/AXLES	LENGTH	NET WGT	Type

TRAILER:

UNIT#	YEAR	MAKE	SERIAL # (IN FULL)	PLATE	BASED	#/AXLES	LENGTH:	NET WGT	TYPE