



DELIVERY RECEIPT

Smart Money Fleet Program Support:
(855) 319-0571

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: () _____	STEP 2	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: _____		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
	DELIVERY POINT: <input type="checkbox"/> Same as dealer <input type="checkbox"/> Same as customer NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		TIRE REPLACEMENT REASON: _____

TIRES					YARD SERVICE		# Hrs.	Unit Price (Required)
Quantity	Product Code	Tire Size	Ply	Description				
					Scheduled M / F (7:30am-5:00pm)			
					Scheduled AH / SAT			
					Scheduled Sun / Holidays			
					Non-Scheduled M / F (7:30am-5:00pm)			
					Non-Scheduled AH / SAT			
					Non-Scheduled Sun / Holidays			
					EMERGENCY SERVICE		# Hrs.	Unit Price
					Emergency Road Service M / F (7:30am-5:00pm)			
					Emergency Road Service AH / SAT			
					Emergency Road Service Sun / Holidays			
					MILEAGE		# Hrs.	Unit Price (Required)
					Portal to Portal			
					SERVICE CHARGE		# Hrs.	Unit Price (Required)
					Flat Repair Assembly Off Vehicle			
					Flat Repair Loose Tire			
					Dismount Off Vehicle			
					Mount Vehicle			
					Dismount Wheel / Rim			
					Mount Wheel / Rim			
					Balance			
TOTAL					GRAND TOTAL			

STEP 4 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">MISCELLANEOUS</th> </tr> <tr> <th style="width: 10%;">Quantity</th> <th style="width: 15%;">Tire Size</th> <th style="width: 30%;">Description</th> <th style="width: 10%;">Unit Price F.E.T.</th> <th style="width: 15%;">Unit Price (Required)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	MISCELLANEOUS					Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)																					STEP 6	VERIFICATION OF DELIVERY: RECEIVED BY: _____ DRIVER #: _____ SIGNATURE: _____
MISCELLANEOUS																																
Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)																												

COMMENTS: _____

