DOUBLECOIN

DELIVERY RECEIPT

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 ( ) _____

CUSTOMER: ACCT. #: LOC. #: _____

❑ National Fleet ❑ Gov/State

NAME: _____

DIVISION OF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FOR 10+ TIRES ONLY

CREDIT APPROVAL: _____

DATE: _____

DELIVERY POINT: ❑ Same as dealer ❑ Same as customer

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STEP 2

DATE DELIVERED: _____ 20 _____

PURCHASE ORDER #: _____

VERBAL APPROVAL BY: _____

PHONE: _____

VEHICLE INFORMATION:

Make: _____ Odometer reading: _____

Tractor #: _____ License #/State: _____

Trailer #: _____ Chassis #: _____

Tire Position: _____ Container #: _____

❑ Delivered for Stock ❑ Emergency Road Service

❑ Mounted on Vehicle

DISPOSITION OF TAKE OFF TIRES:

❑ Returned w/driver ❑ Returned w/dealer

❑ Returned to consumer ❑ Returned for warranty

TIRE REPLACEMENT REASON: _____

STEP 3

TIRES

Quantity	Product Code	Tire Size	Ply	Description

STEP 4

MISCELLANEOUS

Quantity	Tire Size	Description	Unit Price F.E.T.	Unit Price (Required)
			TOTAL	

STEP 5

Yard Service	# Hrs.	Unit Price (Required)
Scheduled M/F (7:30a.m.-5:00p.m.)		
Scheduled AH/SAT		
Scheduled Sun/Holidays		
Non-Scheduled M/F (7:30a.m.-5:00p.m.)		
Non-Scheduled AH/SAT		
Non-Scheduled Sun/Holidays		
Emergency Service	# Hrs.	Unit Price
Emergency Road Service M/F (7:30a.m.-5:00p.m.)		
Emergency Road Service AH/SAT		
Emergency Road Service Sun/Holidays		
Mileage	# Miles	Unit Price (Required)
Portal to Portal		
Service Charge	Quantity	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	

COMMENTS: _____

STEP 6

VERIFICATION OF DELIVERY:

Received By:
(Please Print) _____ Driver #: _____

SIGNATURE _____