

CUSTOMER PIC	K UP DEALE	R DELIVERY SVI TRUCKS	DELIVERY	
USTOMER'S NAME AND ADDRESS		DELIVERY ADDRESS		
		ATTENTION OF:	PHONE	
		CUSTOMER P.O. NO.		
CHASSIS:				
		YEAR		
VIN (SERIAL) NO				
ODY:				
DESCRIPTION				
SVI NO				
TEMS TO REPAIRED/COMPLETED):			

THE ABOVE UNIT IS ACCEPTED AS BEING IN COMPLIANCE WITH ALL SPECIFICATIONS. I HAVE BEEN INSTRUCTED AND UNDERSTAND THE SAFE OPERATION OF THIS UNIT, INCLUDING ALL OF ITS SYSTEMS. THE ABOVE UNIT SHALL NOT BE PLACED IN SERVICE UNTIL FULL PAYMENT HAS BEEN MADE.

ORGANIZATION NAME _	

ACCEPTED BY		

DATE ACCEPTED _____ 20____

Sales Form #8055 09/15